

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE (3) YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED

**FRAUD NOTICES**

**Standard:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT):

SIGNATURE: **X**

DATE:

AGENT SIGNATURE: **X**

DATE:

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE, CUSTODY OR CONTROL PROGRAM  
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss Per Policy Year	Policy Premium Up to 20 Horses	Additional Charge Each Horse Over 20
<input type="checkbox"/> \$1,000,000	\$2,000,000	\$4,950	\$44
<input type="checkbox"/> \$1,000,000	\$1,500,000	\$4,125	\$41
<input type="checkbox"/> \$ 800,000	\$1,500,000	\$3,575	\$39
<input type="checkbox"/> \$ 500,000	\$1,000,000	\$2,750	\$33
<input type="checkbox"/> \$ 250,000	\$1,000,000	\$1,925	\$30
<input type="checkbox"/> \$ 200,000	\$500,000	\$1,650	\$28
<input type="checkbox"/> \$ 100,000	\$300,000	\$ 990	\$24
<input type="checkbox"/> \$ 50,000	\$250,000	\$ 825	\$22
<input type="checkbox"/> \$ 25,000	\$250,000	\$ 550	\$22
<input type="checkbox"/> \$ 10,000	\$100,000	\$ 440	\$14
<input type="checkbox"/> \$ 10,000	\$ 50,000	\$ 385	\$12
<input type="checkbox"/> \$ 5,000	\$ 50,000	\$ 330	\$11
<input type="checkbox"/> \$ 5,000	\$ 25,000	\$ 275	\$ 9

$$\begin{array}{r} \underline{\hspace{2cm}} \\ \text{Base Premium} \\ \text{(From above)} \end{array} + \begin{array}{r} (\underline{\hspace{2cm}} \\ \text{Number of Horses} \\ \text{Over 20} \end{array} \times \begin{array}{r} \underline{\hspace{2cm}} \\ \text{Additional Premium} \\ \text{For Each Horse} \end{array} = \$ \underline{\hspace{2cm}} \\ \text{ANNUAL PREMIUM}$$

Transportation Extension (\* Refer To Underwriter) \$ \_\_\_\_\_

TOTAL ANNUAL PREMIUM \$ \_\_\_\_\_

Rates subject to change.

# APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL (CCC)

***THIS IS NOT A BINDER***

- DIRECT BILL                       NEW BUSINESS – DESIRED EFFECTIVE DATE  
 ACCOUNT CURRENT               RENEWAL – EXPIRATION DATE                       POLICY NO. CCC

**AGENCY INFORMATION**

**BUXTON EQUINE**                      VOICE: 561-585-0900; FAX 561-586-0870; EMAIL: bill@buxtonequine.com  
**PO BOX 6823, LAKE WORTH, FL 33466-6823**

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

NAME OF INSURED: \_\_\_\_\_ BUSINESS/STABLE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELE. NO: (    )-    -

LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS: \_\_\_\_\_

**A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.**

DO YOU: <input type="checkbox"/> OWN  <input type="checkbox"/> LEASE  <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.
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IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR?  
 IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR?  
 DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS:  
 DESCRIBE CONDITION OF FENCES:     EXCELLENT     GOOD     FAIR     POOR  
 DESCRIBE CONDITION OF STABLES:     EXCELLENT     GOOD     FAIR     POOR  
 OPERATIONS:     STABLE OWNER     BOARDING     BREEDING     TRAINING  
                           OTHER    EXPLAIN: \_\_\_\_\_  
  
 BREED OF ANIMALS \_\_\_\_\_                      USE OF ANIMALS \_\_\_\_\_  
 DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES \_\_\_\_\_  
 ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE?     YES     NO  
 IS ANY STABLE OVER 25 YEARS OLD?     YES     NO    IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED,  
 CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? \_\_\_\_\_

**CARE, CUSTODY OR CONTROL PROGRAM**

NUMBER OF STALLS IN:    BARN #1	BARN #2	BARN #3	BARN #4
MINIMUM NUMBER OF HORSES IN YOUR CARE		MINIMUM VALUE OF HORSES IN YOUR CARE	
AVERAGE NUMBER OF HORSES IN YOUR CARE		AVERAGE VALUE OF HORSES IN YOUR CARE	
MAXIMUM NUMBER OF HORSES IN YOUR CARE		MAXIMUM VALUE OF HORSES IN YOUR CARE	

**PLEASE SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED BELOW**

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.  
 \*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS?     YES     NO                      IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_

MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_                      RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles

NUMBER OF TRIPS \_\_\_\_\_ AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?     YES     NO    DO AT LEAST TWO PEOPLE GO ON EACH TRIP?     YES     NO