

EQUINE CARE, CUSTODY AND CONTROL APPLICATION



- Great American Insurance Co. (01)
- Great American Insurance Company of New York (03)
- Great American Alliance Insurance Company (04)
- Great American Assurance Company
- Other _____

COMPANY USE ONLY

Customer No. _____

Producer Code: _____

Auditable _____

Other _____

EQUINE FARM OPERATIONS
P.O. Box 3278
Ocala, Florida 34478

ISSUE

QUOTE

APPLICANT(S) NAME	AGENT	
ADDRESS (STREET OR RURAL ROUTE NUMBER)	ADDRESS	
TOWN AND STATE	CITY/STATE	AGENT CODE
Effective Date _____ To _____	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL Previous No. _____	

***APPLIES TO NON-OWNED HORSES ONLY**

1. Business Stable Owner Boarding Breeding Farm Trainer
 Other _____

2. How long in business ____ Years. Do you own or lease stables/ If lease, who is responsible for building and fence repair?

3. Breed of Animals _____ Use of Animals _____

4. Minimum # of horses in your care _____ Maximum # of horses in your care _____

5. Average # of horses in your care _____ Average value of horses in your care _____ / _____
Per Horse Total

6. Minimum value of horses in your care _____ / _____ Maximum value of horses in your care _____ / _____
Per Horse Total Per Horse Total

	Construction	# of Stalls?	Sprinklered?	Lightning Rods?	Fire Ext.?	Smoke/Fire Alarms?
Stable 1	_____	_____	_____	_____	_____	_____
Stable 2	_____	_____	_____	_____	_____	_____
Stable 3	_____	_____	_____	_____	_____	_____
Stable 4	_____	_____	_____	_____	_____	_____

Is there 24 hour security and supervision of stables? Yes No Describe _____

If any stable is over 25 years old, when was the last time electrical wiring was checked by an electrician and certified safe and suitable for current usage? _____

7. Fire protection class: _____

8. What type of fencing is used in runs, pastures and paddocks? _____

9. Are shelters provided in runs or pastures? Yes No Describe _____

10. Do you transport horses for others? Yes No If yes, maximum number of trips per year? _____

Average Radius _____ Maximum Radius _____

Any transportation other than incidental accommodation of boarders? Explain _____

Annual receipts from transportation _____ ***Note: Commercial hauling for hire is excluded.**

Maximum number of animals per trip? _____

How often are trailer or van floor boards checked? _____

Are fire extinguishers carried on truck or van? Yes No Do at least two people go on each trip? Yes No

11. Do you have therapeutic pools for horses? Yes No If yes, were they installed by manufacturer? Yes No

Electrician _____

12. Do your employees (if any) have instructions, in writing, on their responsibilities in case of stable fire? Yes No

If yes, please attach instructions.

13. Name/Address of regular Veterinarian _____

14. Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody, even if a claim was not presented: _____

Insured _____

Date _____

By _____

Time _____ AM/PM

Title _____

Agency Name _____

Producer Code No. _____

Address _____

Agent Signature _____

Date _____

**HORSE CARE, CUSTODY AND CONTROL
RATING WORKSHEET
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

**If any of the following apply, submit for quote: Training of race horses,
frequent or long range transportation, past losses.**

- () 1. Limit - \$200,000 per horse - \$500,000 maximum loss per policy year
Maximum - 20 horses - \$1,500
\$25.00 additional each horse over 20

- () 2. Limit - \$100,000 per horse - \$300,000 maximum loss per policy year
Maximum - 20 horses - \$900.00 annually
\$22.00 additional each horse over 20

- () 3. Limit - \$50,000 per horse - \$250,000 maximum loss per policy year
Maximum - 20 horses - \$750.00 annually
\$20.00 additional each horse over 20

- () 4. Limit - \$25,000 per horse - \$250,000 maximum loss per policy year
Maximum - 20 horses - \$500.00 annually
\$20.00 additional each horse over 20

- () 5. Limit - \$10,000 per horse - \$100,000 maximum loss per policy year
Maximum - 20 horses - \$400.00 annually
\$13.00 additional each horse over 20

- () 6. Limit - \$10,000 per horse - \$50,000 maximum loss per policy year
Maximum - 20 horses - \$350.00 annually
\$11.00 additional each horse over 20

- () 7. Limit - \$5,000 per horse - \$50,000 maximum loss per policy year
Maximum - 20 horses - \$300.00 annually
\$10.00 additional each horse over 20

- () 8. Limit - \$5,000 per horse - \$25,000 maximum loss per policy year
Maximum - 20 horses - \$250.00 annually
\$8.00 additional each horse over 20

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & + & (& \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} &) = \underline{\hspace{2cm}} \\
 \text{Base Premium} & & & \text{\# of horses} & & \text{Additional} & \\
 \text{(from above)} & & & \text{over 20} & & \text{premium for} & \\
 & & & & & \text{each horse} & \\
 & & & & & & \text{Annual} \\
 & & & & & & \text{Premium}
 \end{array}$$

Higher limits available - submit for quote

INSURANCE FRAUD WARNING

Applicant's Initials:

Delaware:

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida:

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 in the third degree.

Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Michigan:

Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.

Minnesota:

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York:

All insurance applications and claim forms except auto:

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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania:

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested - and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied)

IN FLORIDA, 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 QUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

COLORADO APPLICATION SUPPLEMENT

THIS NOTICE IS A PART OF YOUR APPLICATION FOR:

- HOMEOWNERS INSURANCE
- PERSONAL INLAND MARINE INSURANCE
- WATERCRAFT INSURANCE
- PERSONAL UMBRELLA INSURANCE
- AGRICULTURE INSURANCE
- DWELLING INSURANCE
- MOBILE HOME INSURANCE
- PERSONAL LINES PACKAGE INSURANCE
- PERSONAL AUTO INSURANCE
- COMMERCIAL INSURANCE

FRAUD WARNING

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

(10/08)

OHIO FRAUD STATEMENT

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

(10/08)