



EQUINE FARM APPLICATION

Application Date:	
Company Use Only	
Customer#/SubID:	
Producer#:	
Entity Type:	☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐
Billing:	☐ Direct Bill ☐ Agency Bill
Pay Plan:	
Quote needed by:	
Requested Effective Date:	
Agency	
Name/Address:	APX Insurance 4037 Pine Grove Road Versailles, KY 40383
Phone#:	(859) 533-5633
Bill To:	☐ Insured ☐ Mortgagee

APPLICANT INFORMATION

Name Insured:			
☐ Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)			
Mailing Address:			
County:	Phone#:	FEIN#:	
Web Address:	Email:		
Inspection Contact Name:	Phone#:		
Coverages to be quoted:	☐ Package ☐ Monoline Liability ☐ Equine Care, Custody, Control ☐ Umbrella ☐ Monoline Property ☐ Scheduled Personal Property ☐ Auto ☐ Watercraft ☐ Employee Benefits Liability		

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage.

GENERAL UNDERWRITING QUESTIONS

Loss History: ☐ None (List all losses for the past 5 years that affect coverage lines requested above.)

Date	Coverage Line	Description	Paid	Open/Closed

Prior Carrier Information:

Coverage Line	Company	# of Years	Expiring Premium
Property:			
Liability:			
Care, Custody, Control:			
Umbrella:			

- Are you age 18 or over? ☐ Yes ☐ No
- Have you been declined, canceled or non-renewed in the past 3 years? ☐ Yes ☐ No
If yes, explain: _____
- Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? ☐ Yes ☐ No
- During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? ☐ Yes ☐ No
- How many years experience/in the business with horses? _____

LOCATION SCHEDULE ☐ Additional Locations Supplemental Attached					PC = Protection Class		
	Street Address	City/State	County	Zip	PC	Owned	Acres
1.							
2.							
3.							
4.							

If no Property Coverage is desired, please skip to the General Liability Section on page 4.

PROPERTY UNDERWRITING QUESTIONS

DWELLING SCHEDULE ☐ Additional Dwellings Supplemental Attached								
	Dwelling #1		Dwelling #2		Dwelling #3		Dwelling #4	
Location # (see Location Schedule)								
Building Name								
Distance to Hydrant / Fire Station	/		/		/		/	
Deductible Amount								
Wind / Hail Deductible %	%		%		%		%	
Building Class								
A. Dwelling Limit								
B. Appurtenant Structures (10%)								
C. Household Contents (70%) (1)	☐ RC		☐ RC		☐ RC		☐ RC	
D. Loss of Use (20%)								
Cause of Loss (2)								
Extended Replacement Cost (3)	☐		☐		☐		☐	
Dwelling Enhancement Endorsement	☐		☐		☐		☐	
Earthquake Coverage	☐		☐		☐		☐	
Dwelling is Located Inside City Limits	☐		☐		☐		☐	
Occupancy: Owner/Tenant/Employee								
Full-time, Part-time or Primary?								
Year Built								
Construction Type (4)								
Total Area / Area of Living Area (sq ft)	/		/		/		/	
Roof Construction (5)								
Year of Updates (for Dwellings over 30 years of age)	Roof		Roof		Roof		Roof	
	Heating		Heating		Heating		Heating	
	Plumbing		Plumbing		Plumbing		Plumbing	
	Electrical		Electrical		Electrical		Electrical	
Smoke Detectors Present?	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
Burglar Alarm? (6)	☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS	
Fire Alarm? (6)	☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS	
Sprinkler System & Maint Contract	☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS	

ABBREVIATION KEY:

- (1) RC = Replacement Cost
 (2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents
 (3) Extended Replacement Cost (E2 Value required) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
 (4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building
 (5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar
 (6) CS = Central Station alarm monitored by remote monitoring company

OUTBUILDINGS SCHEDULE ☐ Additional Outbuildings Supplemental Attached								
	Building #1		Building #2		Building #3		Building #4	
Location # (see Location Schedule)								
Building Name								
Use of Outbuilding?								
Distance to Hydrant / Fire Station	/		/		/		/	
Deductible Amount								
Wind / Hail Deductible %	%		%		%		%	
Building Class								
Outbuilding Limit								
Cause of Loss (Basic/Broad/Special)								
(Optional) Inflation Guard: 4% or 6%	%		%		%		%	
Earthquake Coverage	☐		☐		☐		☐	
Avg # hay bales stored in building								
# of Apartments in Outbuilding?								
Type of Occupancy in Apartment?								
Full-time or part-time occupancy in Apt?								
Area of any Office/Living Area (sq ft)								
Year Built								
# of Stories								
# of Open Sides on Building								
Construction Type (1)								
Total Area								
Roof Construction (2)								
Heat Type								
Year of Updates (for Dwellings over 30 years of age)	Roof		Roof		Roof		Roof	
	Heating		Heating		Heating		Heating	
Smoke Detectors in Living Quarters?	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
Burglar Alarm?	☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS	
Fire Alarm?	☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS		☐ Local ☐ CS	
Fire Extinguishers?	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
Sprinkler System & Maint Contract	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	

ABBREVIATION KEY:

- (1) Construction Type Choose: Frame, Masonry, Steel Frame, Pole or Mobile Home/Mobile Building
 (2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

- Is **Loss of Farm Income Coverage** needed? ☐ Yes ☐ No If Yes, Limit? _____
- Is **Extra Expense Coverage** needed? ☐ Yes ☐ No If Yes, Limit? _____
If yes, explain: _____
- Are there any vacant or unoccupied structures on your property? ☐ Yes ☐ No
If yes, please describe structure and explain oversight/security and plans for occupancy or sale: _____
- Do any buildings on any of your property have a Wood-Burning Stove? ☐ Yes ☐ No
If Yes, request a Wood-Burning Stove Questionnaire for each building with a Wood Stove

MORTGAGEES ☐ Additional Mortgagees Supplemental Attached			
Mortgagee Name/Address	Loan#	Loc#	Buildings

SCHEDULED PERSONAL PROPERTY ☐ **Additional Scheduled Personal Property Supplemental Attached**
An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more

Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

FARM PERSONAL PROPERTY ☐ **Additional Schedule Farm Personal Property Supplemental Attached**

Deductible: ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 Other: _____
Cause of Loss: ☐ Basic ☐ Broad ☐ Special ☐ Equine Coverage Extension Endorsement
☐ Replacement Cost on Scheduled Tack ☐ Replacement Cost on Scheduled Office Contents

	Location	Year/Make/Model or Description	Serial#	Limit
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

LOSS PAYEE SCHEDULE ☐ **Additional Loss Payee Supplemental Attached**

(For Item#, use the number corresponding to that particular Farm Personal Property item above.)

Name	Address	Item#

GENERAL LIABILITY UNDERWRITING QUESTIONS

Company Use Only:

Limits:

☐ \$100,000 / 200,000 ☐ \$300,000 / 600,000 ☐ \$500,000 / 1,000,000 ☐ \$1,000,000 / 2,000,000

1. List all Equine Operations: _____
Are you engaged in any other farm business, profession, or trade including, but not limited to, hay sales and custom farming? ☐ Yes ☐ No If yes, please provide details: _____

2. Is the applicant involved in any of the following activities? (Please check applicable activities)

- | | |
|---|---|
| ☐ Entertainment/Amusements involving Animal Farms/Agrotourism/Agritainment | ☐ Polo/Horse Ball |
| ☐ Dude Ranch | ☐ Pony Rides/Petting Zoos |
| ☐ Therapeutic or Riding for the Handicapped | ☐ Hay/Carriage/Sleigh Rides |
| ☐ Hunting/Fishing on premises (non-residents) | ☐ Public Horse Rentals/Trail Rides |
| ☐ Motorcycles, ATVs (other than resident) | ☐ Fox Hunting |
| ☐ Vaulting | ☐ Parades |
| ☐ Holding Races on Premises | ☐ Rodeos |
| ☐ Gymkana/Mounted Games | ☐ Equine Assisted Therapy |
| ☐ Mounted Shooting | ☐ Birthday Parties |
| ☐ Equine Sports Therapy (including massage) | |

Please explain any checked activities: _____

3. Are dogs owned? ☐ Yes ☐ No How many? _____ Breed: _____
Any past claims? If yes, explain: _____

If yes, please describe structure and explain oversight/security and plans for occupancy or sale: _____

Are clients' dogs allowed at the facility? ☐ Yes ☐ No Leashes Required? ☐ Yes ☐ No

4. If liability coverage desired for any owned snowmobiles/ATVs/GolfCarts, please provide the following:

ATVs: _____ # of wheels: _____ Use of vehicles: ☐ Farm
Age of Drivers: _____ ☐ Off Premises
☐ Recreational/Hunting

Is Recreational Vehicle Coverage Needed? ☐ Yes ☐ No

Year	Make	Model	Serial or Motor Number	Number Of Wheels	Use

5. Is Unlicensed Farm Vehicle Liability Coverage needed? ☐ Yes ☐ No How many vehicles? _____

6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? ☐ Yes ☐ No

If yes, please explain: _____

Do you lease any part of the building/land to someone else? ☐ Yes ☐ No

If yes, please explain: _____

7. Are all fences/gates in good condition? ☐ Yes ☐ No

Type of Fencing: _____

8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? ☐ Yes ☐ No

Please provide details: _____

9. Is there an airstrip on the premises? ☐ Yes ☐ No

10. Do you lease horses to or from others? ☐ Yes ☐ No

11. Do you judge shows? ☐ Yes ☐ No Receipts: _____

12. Do you have any operations or horses in any country outside of the U.S.? ☐ Yes ☐ No

ADDITIONAL INSURED ☐ Supplemental Additional Insureds Schedule Attached	
Name/Address	Relationship to Insured

If you are requesting a quote for Monoline Liability and would like to schedule any locations, please request an additional Location Supplemental.

PERSONAL LIABILITY ☐ Yes ☐ No

1. **If yes**, please list below the names and addresses of all individuals to be afforded Personal Liability coverage.
(Note that it is not necessary to list the spouse, children or relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

Name	Address (include Zip Code)

RIDING INSTRUCTION (Teaching the Rider) ☐ Not Applicable

1. Riding Instruction provided by: ☐ You ☐ Independent Instructor ☐ Employee
2. How many Independent Instructors are giving instruction? _____
3. Describe the experience/qualifications of you and your employees: _____

Are you/employee a certified instructor? ☐ Yes ☐ No By whom? _____
4. Number of students per week given lessons by you or your employee: _____
5. Number of students per week given lessons by an independent contractor: _____
6. What is the minimum age of the students? _____
7. What is the maximum number of students per instructor per lesson? _____

EQUINE RIDING THERAPY

1. Do you offer Equine Riding Therapy? ☐ Not Applicable ☐ Yes ☐ No
2. Are you PATH- or Eagala-certified? ☐ Not Applicable ☐ Yes ☐ No
If PATH-certified, please request and complete the Equine Therapeutic Riding Supplemental Application

DAY CAMPS

1. Do you hold day camps? ☐ Yes ☐ No
If yes, please complete the separate Day Camp Supplemental on page 10.

HORSE TRAINING (Training of Horses) ☐ Not Applicable

1. What type of training is given? _____
2. Total payroll related to Training? _____
3. What is the average number of horses trained per year? _____

BOARDING OF NON-OWNED HORSES ☒ Not Applicable

1. What is the total # of non-owned horses including non-owned broodmares? _____
2. Is temporary overnight boarding provided? ☐ Yes ☐ No Describe: _____
3. Is board self-board or full-care? ☐ Self ☐ Full
4. Annual Payroll: _____
If no payroll provided, explain why: _____

BREEDING ☐ Not Applicable

1. Breeding Payroll: _____ # of Owned Broodmares: _____
of Owned Stallions: _____ # of Non-Owned Stallions: _____
2. Do you offer foaling services? ☐ Yes ☐ No

OWNED HORSES ☐ Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

1. What is the total number of equines you own or lease for your own use? _____
2. Of those, how many are used for the following activities: Sales Prep _____ Showing _____
Pleasure Riding _____ Instruction _____
Retired _____

SALES BY YOU ☐ Not Applicable

1. Are you in the business of selling horses? ☐ Yes ☐ No
How many horses do you sell per year? Owned by you: _____ Owned by Others: _____

What are the annual Gross Receipts for Horse Sales? _____

What is the method of sale? (private treaty, auction, consignments) _____

2. Do you sell tack or clothing? ☐ New ☐ Used ☐ Reconditioned Tack ☐ None
Receipts: _____
3. Do you offer repair of tack or riding equipment? ☐ Yes ☐ No
4. Do you/employee perform any type of farrier services? ☐ Yes ☐ No

CLINICS

☐ Not Applicable

1. Do you hold/sponsor clinics for non-students on your premises? ☐ Yes ☐ No
Off Premises: ☐ Yes ☐ No Details: _____
2. Types of clinics: _____
3. Number of clinics: _____ Number of days per clinic: _____
4. Average attendance: _____
5. Who teaches the clinics? _____
6. Do you require outside clinicians to provide proof of insurance? ☐ Yes ☐ No

HORSE SHOWS

☐ Not Applicable

1. Do you manage/sponsor any horse shows on your premises? ☐ Yes ☐ No
Off Premises? ☐ Yes ☐ No
2. Number of spectators per day: _____ Number of participants per day: _____
3. Dates of shows: _____
4. Types of shows: _____
5. Waiver Athletic Sports Participants Exclusion ☐ Yes ☐ No
(The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, barrel racing and rodeo type events.)
6. Do you have bleachers or grandstands? ☐ Yes ☐ No Construction: _____
Height: _____ Seating Capacity: _____ ☐ Owned ☐ Rented
7. Do you sell feed, grain, hay or shavings to participants? ☐ Yes ☐ No Receipts: _____
8. Do you provide RV or camper hookups during these shows? ☐ Yes ☐ No
Number of hookups: _____ Receipts: _____
9. Do you directly provide concessions during these shows? ☐ Yes ☐ No Receipts: _____
If yes, explain: _____
10. Do you have vendors on the premises during these shows? ☐ Yes ☐ No
If yes, explain items sold: _____
11. Describe any entertainment/activities managed by you at the event (other than equine-related): _____

RISK MANAGEMENT CONTROLS (Required for General Liability and Care, Custody, Control)

Review <http://horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance on file for Independent Contractors (Riding Instruction/Training)	☐	☐	☐
Certificate of Insurance shows WC coverage for Independent Trainers (Racehorse Training only)	☐	☐	☐
Certificate of Insurance obtained from all Vendors (Horse Shows/Clinics)	☐	☐	☐
Release/Hold Harmless agreement in use (Riding Instruction/Training/Boarding/Breeding/Shows)	☐	☐	☐
Boarding Contract in Place (Boarding)	☐	☐	☐
Lease Agreement in Place (Owned Horses Leased to Others)	☐	☐	☐

RISK MANAGEMENT CONTROLS (CONTINUED)

	YES	NO	N/A
State Equine Liability Signs Posted (All Exposures)	☐	☐	☐
24 Hour Supervision of facility (All Exposures)	☐	☐	☐

EQUINE CARE, CUSTODY, CONTROL SECTION

☐ COVERAGE IS NOT DESIRED

Limits:

- | | |
|---|--|
| ☐ \$5,000 per horse / \$25,000 aggregate | ☐ \$25,000 per horse / \$250,000 aggregate |
| ☐ \$5,000 per horse / \$50,000 aggregate | ☐ \$50,000 per horse / \$250,000 aggregate |
| ☐ \$10,000 per horse / \$50,000 aggregate | ☐ \$100,000 per horse / \$300,000 aggregate |
| ☐ \$10,000 per horse / \$100,000 aggregate | ☐ \$200,000 per horse / \$500,000 aggregate |

- What is the maximum number of non-owned horses you have at any one location at any time? _____
- Are you for hire to transport non-owned horses not normally in your care? ☐ Yes ☐ No
 Commercial Hauling of non-owned horses other than those you train/breed/board is excluded
 Maximum trips per year _____ Radius _____ # of horses per trip _____
- Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: _____

UMBRELLA SECTION

☐ COVERAGE IS NOT DESIRED

- Requested Limit of Insurance:

☐ \$1,000,000	☐ \$3,000,000	☐ \$5,000,000
☐ \$2,000,000	☐ \$4,000,000	☐ \$ _____
- Schedule of Underlying Insurance ☐ Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limits
☐ _____ Policy# _____ Eff _____ TO _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
☐ _____ Policy# _____ Eff _____ TO _____	Automobile Liability ☐ Personal ☐ Commercial ☐ Non-owned ☐ Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury – Each Person \$ _____ Bodily Injury – Each Accident \$ _____ Property Damage
☐ _____ Policy# _____ Eff _____ TO _____	General Liability ☐ Farm ☐ Commercial ☐ Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
☐ _____ Policy# _____ Eff _____ TO _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate

3. Does the applicant have any of the following exposures?: ☐ N/A
- ☐ Owned or Leased Aircraft ☐ Migrant workers used in farming operations
- ☐ Customer Application of Farm Chemicals for Others ☐ Watercraft
4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier):
- | | |
|--|--|
| # of Private Passenger Vehicles: _____ | # of Heavy Truck Tractors: _____ |
| # of Light Trucks: _____ | # of Extra Heavy Truck Tractors: _____ |
| # of Medium Trucks: _____ | # of Buses: _____ |
| # of Heavy Trucks: _____ | |
- Are there any drivers under the age of 21? ☐ Yes ☐ No

Uninsured/Underinsured Motorist Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

LA, NH and VT: UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000.

FL and WV: Is UM/UIM coverage desired? ☐ Yes ☐ No

If yes, the maximum selected Umbrella limit is \$1,000,000.

BUILDING CLASS DEFINITIONS

DWELLINGS	
Building Class	Building Characteristics
CLASS 1	Owner or operator occupied Newer construction or remodeled inside and outside Evidence of proper maintenance and good housekeeping Continuous enclosed foundation Circuit Breakers (no fuses) Must not be mobile home or log construction Insured to 80% of replacement cost
CLASS 2	Evidence of proper maintenance and good housekeeping Thermostatically controlled heating Continuous enclosed foundation (porches excepted) Modern interior plumbing and electrical system (fuses acceptable) Must not be a mobile home or log construction more than 15 years of age Insured to a minimum 80% actual cash value or 60% replacement cost
CLASS 3	Any dwellings not eligible under Class 1 or Class 2 All mobile homes All log homes over 15 years of age

OUTBUILDINGS	
Building Class	Building Characteristics
CLASS 1	Show evidence of proper maintenance Have an incombustible floor throughout (except for granaries and cribs) Built on a continuous masonry foundation Does not contain a second floor No regular or continuous hay storage Fully enclosed with no open shed attached Insured to minimum 80% of replacement cost Not used for livestock, poultry or other animal confinement
CLASS 2	Show evidence of proper maintenance Continuous masonry foundation May be open on one side Insured to minimum of 80% of actual cash value or 60% of replacement cost
CLASS 3	Other buildings no eligible under Class 1 or Class 2

CAMP SUPPLEMENT

If none, check here. ☐

Named Insured: _____

Policy#: _____

1. What are the main camp activities? _____
i.e. basic horse skills such as grooming, braiding or more advanced with instruction etc.
2. The camp is operated from: _____ / _____ to _____ / _____
month day month day
3. Camp Receipts \$ _____
4. Number of campers per day: _____ per week: _____
5. Ages of campers? _____
6. Are there any campers who are physically or emotionally handicapped? ☐ Yes ☐ No
7. The hours of the camp are from _____ am/pm to _____ am/pm and _____ days per week.
8. Are overnight accommodations provided? ☐ Yes ☐ No
 - Type: room, cabin, tent etc. _____
 - Excluding tents, do all structures used for sleeping quarters have working smoke detectors? ☐ Yes ☐ No
9. Are meals prepared and/or provided by you? ☐ Yes ☐ No
10. Number of adult supervisors? _____
11. There are _____ supervisors under the age of 18.
12. What are the ages of the counselors? _____
 - What type of training do they receive? _____
13. Is or has any camp counselor/employee/supervisor been under or currently under investigation for, or have a previous record of, child abuse? ☐ Yes ☐ No
14. How are medications kept and distributed to children with prescription/non-prescription needs?

15. Are campers under adult supervision at all times? ☐ Yes ☐ No
 - If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? ☐ Yes ☐ No
16. Are all buildings and equipment maintained in a safe, clean condition and in good repair, with indoor and outdoor environments safe, clean and spacious? ☐ Yes ☐ No
17. Is there a swimming pool? ☐ Yes ☐ No
 - If the answer is yes, answer the following.
Is the pool fenced? ☐ Yes ☐ No Is there a diving board? ☐ Yes ☐ No
What is the pool depth? _____ Is there a lifeguard on duty? ☐ Yes ☐ No
18. What type of certification is required of the lifeguard? _____
19. Are swimming lessons given? ☐ Yes ☐ No
20. What type of certification is required of the instructor? _____
21. How many fire extinguishers are in the buildings in which the campers will be conducting activities?

22. Are all poisonous/toxic materials kept under lock and key and out of children's reach?

☐ Yes ☐ No

23. Are there any off-premises activities? ☐ Yes ☐ No

◦ If yes, describe activities in detail _____

24. Do you provide transportation to campers for any reason? ☐ Yes ☐ No

◦ If yes, we will require a COI from your auto carrier and complete driver information of all drivers.

* If parent volunteers are used to transport, we will need the same COI and driver information.

* If you provide transportation by a means other than above we will need details:
i.e. chartered bus, etc.

Comments:

Please provide any additional information that you feel may be helpful in our review of this exposure.



STATEMENT OF NO LOSS

Name: _____

Address: _____

Re: New Application

To Whom It May Concern,

_____ and/or _____ have not
Name Insured Responsible Party
sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

Signature of Responsible Party: _____

Name of Responsible Party: _____

Title: _____

Date: _____

FRAUD STATEMENTS

READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

Initial	State	Fraud Statement
	ALABAMA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	COLORADO	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 policyholder 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.
	FLORIDA	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 of the third degree.
	KENTUCKY	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
	MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
	MARYLAND	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	NEW JERSEY	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
	NEW YORK	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. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	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.

	PENNSYLVANIA	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 subjects such person to criminal and civil penalties.
	TENNESSEE	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.
	VIRGINIA	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, fine and denial of insurance benefits.
	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.
	GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT	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 civil penalties.

The statements given in this application 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: _____

Print Name: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's License #: _____

WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:

- ☐ Any Release/Hold Harmless Agreement in use
- ☐ Any Boarding Contract in place
- ☐ Property Diagram
- ☐ 2 Photos each of every Dwelling and Outbuilding