

Prairie States

Insurance Agency Inc.

Quick Quote Farm and Ranch Insurance

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www.PrairieStatesInsurance.com

Applicant Information

1. Applicant: _____ Farm Name: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. Phone #: _____ Email: _____ Website: _____
3. Insured is: Owner Operator; Absentee Owner; Tenant; Other (describe): _____
4. How long have you been in operations? _____
5. Is the applicant a member of: AHA; AQHA; APHA; ARIA; NRHA; USDF; USEF; USHJA
 Other: _____; None

Property – No Exposure

1. Insured Location # 1 - Same as mailing address (if different then above, please complete the line below)
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. **Deductible:** \$1,000 \$3,000 \$5,000 Other - _____ **Cause of Loss:** Broad Special
4. Please complete the below information for each additional dwelling/outbuilding

Dwellings

Loc #	Bldg Description	Year Built	Construction	Square Foot	Insured Amt
					\$
					\$

Barns & Outbuildings

Loc #	Bldg Description	Year Built	Construction	Square Foot	Insured Amt
					\$
					\$
					\$
					\$

5. Distance from Fire Dept: _____ Distance from fire hydrant: _____
6. Any dogs? Yes No If yes, how many: _____ Breed(s): _____
7. Any swimming pools? Yes No Is it fenced? Yes No Is there a: diving board slide

Scheduled Farm Personal Property - No Exposure

1. Scheduled Equipment (i.e. tractors): \$ _____
2. Misc. Equipment (under \$2,500): \$ _____ Tack & Equipment: \$ _____

Liability

1. Choose One
Limit of Liability: \$ 300,000 occurrence / \$ 900,000 aggregate
 \$ 500,000 occurrence / \$1,500,000 aggregate
 \$1,000,000 occurrence / \$3,000,000 aggregate

2. Number of owned horses (Count each horse only once, based on its primary use.)

Breeding: _____ Pleasure/Show: _____ Racing: _____ Retired: _____
Instruction: _____ In Training: _____ Foals: _____ For Sale: _____

3. Number of non-owned horses (Count each horse only once, based on its primary use.)

Boarding: _____ Breeding: _____ Show/Training: _____ Racing: _____

4. Riding Instruction - No Exposure

- a. # of owned school horses used at any one time: _____
- b. Receipts for instruction given on student owned horses: \$ _____
- c. Do independent instructors/trainers/clinicians use your facility? Yes No
- d. How many: _____
- e. Do they have their own insurance? Yes No
- f. If no, what are their gross receipts? \$ _____
- g. Are signed waivers/releases required for all equine activities? Yes No
- h. Are state liability laws posted? Yes No

5. Horse Shows/Clinics - No Exposure

- a. Do you hold horse shows/clinics on your premises? Yes No
- b. How many: _____
- c. Are they schooling shows? Yes No
- d. Average # of spectators: _____ Average # of participants: _____

6. Care, Custody & Control - Please check one: I, ACCEPT or DECLINE Care, Custody & Control Coverage.

Not Eligible for this Coverage: Veterinarians, Equine Dentists, Commercial Transporters, Rehabilitation Centers & Embryo Transplant Facilities.

<u>Limit Per Horse / Maximum Loss Per Policy Year</u>	<u>Limit Per Horse / Maximum Loss Per Policy Year</u>	<u>Limit Per Horse / Maximum Loss Per Policy Year</u>
<input type="checkbox"/> \$ 5,000 / \$ 25,000	<input type="checkbox"/> \$ 10,000 / \$ 100,000	<input type="checkbox"/> \$ 50,000 / \$ 250,000
<input type="checkbox"/> \$ 5,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 100,000	<input type="checkbox"/> \$ 100,000 / \$ 500,000
<input type="checkbox"/> \$ 10,000 / \$ 50,000	<input type="checkbox"/> \$ 25,000 / \$ 250,000	<input type="checkbox"/> Other: _____ / _____

- a. Average value of horses in barn: \$ _____
- b. Are they transported? Yes No
- c. How many trips annually: _____
- d. Is hay stored in barn? Yes No
- e. Is there any use of mechanical devices? Yes No

7. Premises Information

- a. Total number of acres: owned- _____ leased/rented- _____
- b. Type of fencing: _____
- c. Condition of fencing: _____
- d. ATV/Golf carts? Yes No
- e. Number of Golf Carts: _____
- f. Number of ATVs: _____

8. a. Current Insurance Carrier: _____

- b. Premium: \$ _____
- c. Expiration Date: _____

9. Loss History

- a. Previous losses past years? Yes No
- b. If yes, please describe: _____

Narrative of Operations: (if more space is needed to describe operations, please include a separate page)