

# Care, Custody & Control Legal Liability

## Section 1: Applicant Information

1. Name of Insured: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_
3. Operating Name of Business/Farm: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Risk Location (Legal Address): \_\_\_\_\_
6. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
7. Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

## Section 2: Underwriting Information

1. Do you lease any part of your land or operations to others?  Yes  No  
If **yes**, please explain and provide a Certificate of Insurance:  
\_\_\_\_\_
2. Are horses you do not own kept  in a Stall  in Pasture or  in Individual Paddocks?  
How many horses in each? Stall: \_\_\_\_\_ Pasture: \_\_\_\_\_ Paddock: \_\_\_\_\_
3. Do pastures/paddocks have shelters?  Yes  No  
If **yes**, please describe type and construction:  
\_\_\_\_\_
4. Number of Pastured Acres: \_\_\_\_\_  
Are all pasture fences checked and well-maintained?  Yes  No  
Type of Fence: \_\_\_\_\_
5. Describe gates that access major roadways including latch systems:  
\_\_\_\_\_
6. Are these gates used regularly by boarders/non-boarders?  Yes  No
7. Are main gates to remain closed at all times?  Yes  No  
If **no**, please explain any safety measure(s) in place to prevent escape:  
\_\_\_\_\_
8. Do you store hay/feed/bedding in the same buildings as the horses you do not own?  Yes  No
9. Do you require mortality coverage for all horses in your care, custody and control?  Yes  No
10. Do you allow use of premises for haul-ins, including, but not limited to, equestrian, rodeo, cutting/penning/reining, western riding, training?  Yes  No

11. If the length of stay is longer than 24 hours, please explain penning/housing of non-owned livestock:

\_\_\_\_\_

12. Do you own, lease or use any facility for equine rehabilitation or surgical purposes?  Yes  No

If yes, please describe:

\_\_\_\_\_

13. Do you have an equine:

Swimming Pool  Hot Walker  Treadmill  Other: \_\_\_\_\_

14. Do you allow use of the above noted equipment to non-owned horses?  Yes  No

15. Do you  Own  Rent and/or  Lease, vehicle(s) in order to transport horses you do not own?

16. Number of Vehicles: \_\_\_\_\_ Number of Trips per Year: \_\_\_\_\_ Radius of Operations: \_\_\_\_\_

17. Have any drivers had any traffic violations within the past 5 years?  Yes  No

18. List type and capacity of trailer: \_\_\_\_\_

19. Do you have a safety maintenance program for vehicle(s) and trailers(s)?  Yes  No

20. Do you have emergency evacuation procedures in place for all areas of your facility?  Yes  No

21. Distance from Fire Department: \_\_\_\_\_ Distance from Regular Veterinarian: \_\_\_\_\_

22. Name and Address of Emergency Veterinarian: \_\_\_\_\_

23. Name and Address of Emergency Farrier: \_\_\_\_\_

24. Are these names and numbers clearly posed in your facility?  Yes  No

### Section 3: Insurance & Loss History Information

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Property Damage Deductible on prior policy?  Yes  No Amount: \_\_\_\_\_

2. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

\_\_\_\_\_

3. Effective Date: \_\_\_\_\_

4. Limits of Insurance desired:

Limit per Horse	Aggregate Limit
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$500,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000

#### Section 4: Notice

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss.

Please check one: I,  ACCEPT  DECLINE Care, Custody & Control Coverage

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

#### Section 5: Other Information

Please provide any other information you feel would assist in the evaluation of your application:

#### Section 6: Declaration

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Agile Underwriting Solutions Inc. until accepted by Agile Underwriting Solutions Inc., but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Agile Underwriting Solutions Inc. and Agile Underwriting Solutions Inc. will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

#### Broker Contact Information

Agent Name: \_\_\_\_\_ Brokerage Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City / Province: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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