

# Farm & Ranch Application

**Horse Insurance Specialists, Inc.**  
1013 S. Hwy 377  
Pilot Point, TX 76258  
800-346-3271 Fax 940-686-5375  
www.horse-insurance.com



Policy/Renewal # \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Farm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (required for insurance credit score): \_\_\_\_\_

Location Address #1: \_\_\_\_\_ County: \_\_\_\_\_ Acres: \_\_\_\_\_

Location Address #2: \_\_\_\_\_ County: \_\_\_\_\_ Acres: \_\_\_\_\_

Does Insured:  Own  Lease  
Type of Ownership:  Individual  Corporation  Partnership  Association

Payment Plan desired?  Yes  No - 25% down payment required.  2  4  7  10

If a payment plan is desired, would you like to set up automatic Electronic Funds Transfer?  Yes  No

Past and/or current Insurance Company: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

Have you had any claims and/or reported incidents in the past 5 years?  Yes  No

If yes, explain all claims and/or incidents. Give dates, cause of loss, amounts paid.

Unless this is a new purchase, we will require loss runs from your previous carrier.

Have you had coverage cancelled or refused in the past 5 years?  Yes  No

If yes, explain:

**Name and address of Mortgagee:**

**Name and address of Loss Payee:**

\*Note items applicable to.

\*Note items applicable to.

Do you have any personal non-farm business pursuits? Yes  No

Are any portions of the farm/ranch leased by any other individual for farming use or otherwise? Yes  No

If yes, describe:

If yes, does the person leasing any portion of the property have their own insurance? Yes  No

A certificate of such insurance will be required.

# Building Coverage Form

Applicant: \_\_\_\_\_

**Please use a separate Building Coverage Form for each location with structures to be insured.**

Legal Description of Property: \_\_\_\_\_

Nearest Responding Fire Dept: \_\_\_\_\_ Miles from Dept: \_\_\_\_\_

Is there a year round water supply? Yes  No  If yes, describe: \_\_\_\_\_

**Deductible:**  \$500  \$1,000  \$2,500  1%  Other: \$ \_\_\_\_\_

Location #	Main Dwelling	Other Dwellings and Farm Structures				
Building/Diagram #						
Use or Description						
A. Coverage Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____	Please note: A Replacement Cost questionnaire must be completed on each building. Please be sure to include accurate dimensions and construction information. Each building must be insured for at least 80% of its replacement cost in order to avoid a penalty in the event of a claim. Replacement Cost is determined by the information that you provide. Please check with a local contractor to determine accurate replacement cost.				
C. Household Contents	\$ _____					
D. Loss Of Use	\$ _____					
Covered Causes of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
Loss Settlement	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Earthquake Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupancy	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
# of Families						
Year Built						
Type of Construction						
Roof: Type Age						
Heating: Main Source Supplemental Age						
Cooling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke Alarm Type of System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Burglar Alarm Type of System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Open Sides						
Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hay Storage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovation/Updates:	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.
Wood Stove in building	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building under construction If yes, give estimated completion date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exposed Urethane Styrene	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Square Footage</b>						

Is this your primary residence? Yes  No  If "No", please describe property supervision.

Do you maintain any vacation or seasonal premises? Yes  No

Is there any non-farm offices or private schools in an insured building? Yes  No

Type of Construction: Wood Frame, Masonry, Masonry Veneer, All Steel Frame (Non-combustible), Pole Frame, Mobile Home/Mobile Building, Log.

Type of Roof: Asphalt Shingles, Wood Shingles, Copper, Tile, Slate, Tin, Steel, Built Up Tar and Gravel.

Loss Settlement: RC = Replacement Cost / ACV = Actual Cash Value

# Property Diagram

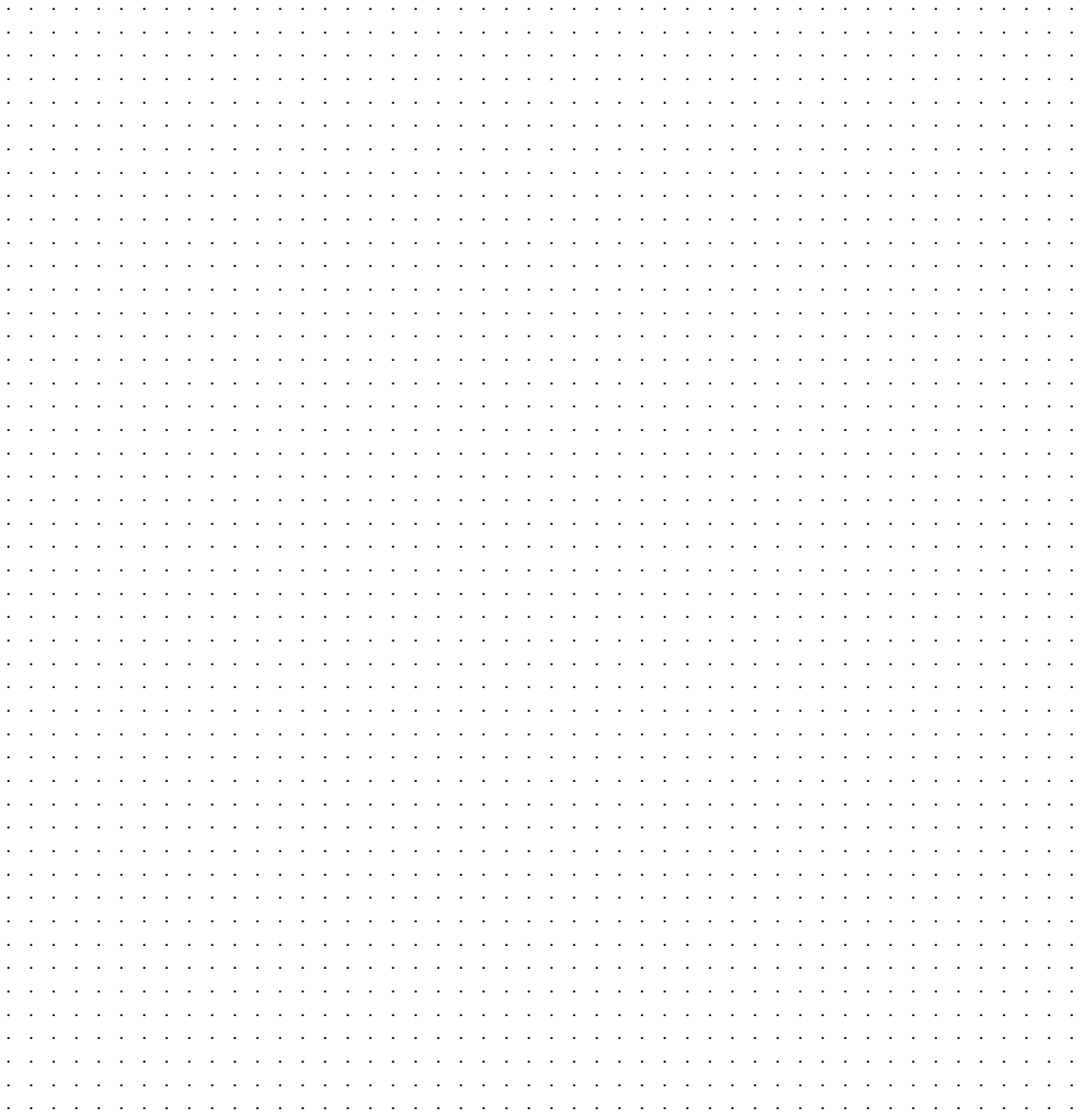
Applicant:

Location #

Please include a Property Diagram for each location with insured buildings.

Show all buildings on premises (whether or not insured).  
Show distance in feet between buildings as well as square footage of buildings.  
Label all buildings and attach current photographs.  
Label "NC" if not covered.

**Photos of all insured buildings will be required. Please label appropriately.**



# Policy Options

Applicant: \_\_\_\_\_

**Policy Options:**

**A. Property Enhancement Package** Yes  No  (\$75)

When this endorsement is selected, it increases coverage on personal computers to \$10,000; increases coverage on unscheduled jewelry and furs to \$10,000 (limit on any one item \$2,500); increases theft coverage on unscheduled silverware and goldware to \$10,000; and includes Water or Sewer backup coverage with a \$5,000 limit.

**B. Equine Property Endorsement** Yes  No  (\$125)

Includes up to \$10,000 in coverage for tack (no more than \$5,000 on any one item); up to \$5,000 for corrals, fences, entrance gates and mailboxes; \$5,000 for signs; \$5,000 for incidental hay coverage; additional 10% for debris removal; 10% of scheduled building values for Building Ordinance or Law. \$500 deductible applies.

**C. Identity Fraud Expense** Yes  No  (\$30)

Coverage for up to \$25,000 in expenses incurred as a direct result of any one identity fraud discovered during the policy period. A \$250 deductible applies.

**D. Personal Computer**

Coverage is automatically included for \$5,000 (unless the property enhancement package is selected and then it is increased to \$10,000). If a higher limit is needed, please indicate the limit of coverage desired: \$ \_\_\_\_\_

**E. Inflation Guard**

An inflation guard will allow for the buildings to be automatically increased at policy renewal. Select limit desired (example 4%): \_\_\_\_\_

## Scheduled Personal Property

Category	Item Description	Limit of Coverage
Jewelry		
Fine Arts		
Cameras		
Musical Instruments		
Furs		
Gold/Silverware		
Firearms		

Please note: An appraisal is necessary on Fine Arts valued over \$25,000. Please include accurate descriptions including serial or item numbers (if applicable).

**Do you own Personal Watercraft?** Yes  No

If coverage is desired, please describe items including value: \_\_\_\_\_

**Do you own ATV's or Golf Carts?** Yes  No  Are they for farm use? Yes  No

If coverage is desired, please describe items including value: \_\_\_\_\_



# Liability Section

## Limits and Coverage Options

Each Occurrence Limit	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$3,000	\$5,000	\$10,000

**Double Aggregate**  Yes  No

Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.

**Umbrella**  Yes  No  \$1,000,000  \$2,000,000  \$3,000,000  Other: \$ \_\_\_\_\_

\* If Umbrella coverage is desired over your Auto or Workers' Compensation policy, please provide a copy of the policy declaration pages so that we may determine if underlying coverage limits are adequate. We will also need a list of drivers and dates of birth.

### List Additional Insureds with relationship descriptions.

(Independent Instructors/Trainers and Employees are Not Qualified.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

Is a Workers' Compensation quote desired?  Yes  No

Is Employers Liability coverage desired?  Yes  No

Is Loss of Farm income coverage required?  Yes  No

If yes, for how many months is coverage desired (in 30 day increments)? \_\_\_\_\_

Please indicate your monthly revenue: \_\_\_\_\_

Do you serve on any boards for remuneration?  Yes  No

Are any children over the age of 21 years a member of your household?  Yes  No

If yes, are they a dependent?  Yes  No If yes, list their names: \_\_\_\_\_

Is there any other business (other than equine) on the property?  Yes  No

If yes, please describe, including annual revenue: \_\_\_\_\_

Other than equine activities, are there any other farming pursuits?  Yes  No

If yes, please describe activities and include annual revenues: \_\_\_\_\_

### Supplemental questions:

1. Are any independent contractors hired to perform any farming operations?  Yes  No
2. Is any part of the farm used or leased for organized recreational use?  Yes  No
3. Does applicant build, repair or design machinery, equipment systems for anyone at a charge or fee?  Yes  No
4. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product?  
 Yes  No
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No
6. Are any contract or service operation performed for others such as tilling, excavating or ditching?  Yes  No
7. Are the farm premises open to the public for roadside stands, "U-Pick" recreational, "rent-a-garden", auction, sales, show, food or beverage service, animal boarding (other than equine) or Christmas tree sales uses?  Yes  No
8. Is there any unusual hazard such as open dump pits, siliage pits, sump holes, lakes or reservoirs?  Yes  No
9. Is there an airstrip on the premises?  Yes  No
10. Are tractors used for other than farming?  Yes  No
11. Is any land held for real estate development or speculation?  Yes  No

## Summary of Equestrian Activities

Total years experience in this type operation: \_\_\_\_\_ Total years experience with horses: \_\_\_\_\_  
 If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Experience: \_\_\_\_\_

24-hour supervision of facility <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency numbers posted <input type="checkbox"/> Yes <input type="checkbox"/> No Safety & Barn rules posted and written out <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit copy. Current liability waivers (hold harmless agreement) used <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit copy. State Equine Liability signs posted (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No Smoking allowed in barns <input type="checkbox"/> Yes <input type="checkbox"/> No Shoes with heels required <input type="checkbox"/> Yes <input type="checkbox"/> No Do employees have instructions (in writing) on their responsibilities in case of stable fire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach instructions.	<b>Helmets are Required:</b> <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping/speed work <input type="checkbox"/> Optional
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Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_  
 \_\_\_\_\_

### Coverage will be provided only for exposures marked "Yes".

**Number of Personally Owned Horses** \_\_\_\_\_ **Number of Cattle on Premises** \_\_\_\_\_

**Breeding**  Yes  No  
 Total stallions standing at stud on your premises: \_\_\_\_\_ Average stud fee charged: \$ \_\_\_\_\_  
 # non-owned mares covered annually on premises: \_\_\_\_\_ Do you ship semen?  Yes  No

**Boarding**  Yes  No Average number of horses boarded monthly: \_\_\_\_\_

**Horse Sales**  Yes  No Gross Receipts for sales: \_\_\_\_\_

**Training**  Yes  No Average number of horse in training monthly: \_\_\_\_\_

**Independent Trainers**  Yes  No If the Independent has their own insurance, please provide a certificate.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Riding Instruction**  Yes  No What type of lessons are given? \_\_\_\_\_  
 Operation's Total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction (unless they have insurance).  
 Total lessons given annually: \_\_\_\_\_ Average number of weekly lessons given on Client's horse: \_\_\_\_\_  
 # of students: \_\_\_\_\_ Average number of weekly lessons given on School horse(s): \_\_\_\_\_

Any Day Camp activities?  Yes  No If yes, # of day campers per session: \_\_\_\_\_

**Independent Instructors**  Yes  No If the Independent has their own insurance, please provide a certificate.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**On Premises Riding Clinics**  Yes  No Total Clinic Days: \_\_\_\_\_ Participants Per Day: \_\_\_\_\_  
 Clinic Dates: \_\_\_\_\_

**Off Premises Riding Clinics**  Yes  No Total Clinic Days: \_\_\_\_\_ Participants Per Day: \_\_\_\_\_  
 Clinic Dates: \_\_\_\_\_

**Officiating / Judging**  Yes  No Total show days Judging / Officiating annually: \_\_\_\_\_

**Hosted Shows / Events**  Yes  No Please provide a description of the event (such as a show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer.

Total **Sanctioned** Show Days per year: \_\_\_\_\_ List date(s): \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Description of activities: \_\_\_\_\_

Average competitors per Show/Event: \_\_\_\_\_ Average spectators per Show/Event day: \_\_\_\_\_

Total **Non-Sanctioned** Show Days per year: \_\_\_\_\_ List date(s): \_\_\_\_\_

Description of activities: \_\_\_\_\_

Average competitors per Show/Event: \_\_\_\_\_ Average spectators per Show/Event day: \_\_\_\_\_

Are there grandstands or bleachers on your property?  Yes  No If yes, please describe construction and seating capacity: \_\_\_\_\_

**Note: If dates have not been set, Written Notice of the event must be received in our office prior to the show date.  
 Coverage is not provided for show dates that have not been declared to the company in advance of the event.**

**Tack Store / Retail Sales**  Yes  No (Tack manufacturing, tack repair and feed manufacturing not eligible.)  
 Type of sales: \_\_\_\_\_ Estimated receipts: \$ \_\_\_\_\_

**Pony Rides OR Horse Drawn Vehicle Rides**  Yes  No

**Do you own dogs?**  Yes  No If yes, how many, what type: \_\_\_\_\_

Are other dogs permitted at your facility or at any events that you host:  Yes  No

If yes, please explain your policy regarding dogs: \_\_\_\_\_

Has any dog which you own or on your premises bitten or caused injury to anyone? (If yes, attach details on a separate page.)  Yes  No

**Other animals on premises**  Yes  No If yes, describe: \_\_\_\_\_

**Hunting on premises**  Yes  No If yes, by:  Owners  Others Do you charge a fee?  Yes  No

**Swimming pool on premises**  Yes  No Do you have a security fence around your pool?  Yes  No

Is use of alcohol by others permitted on premises?  Yes  No If yes, describe: \_\_\_\_\_

Is alcohol sold on your premises/at events?  Yes  No If yes, describe: \_\_\_\_\_

**Note: Liquor Liability is not covered by this policy, nor is the sale of alcoholic products.**

**Is CARE, CUSTODY & CONTROL (CCC) coverage desired?**  Yes  No

If you selected "NO", please sign here to verify that CCC coverage has been offered and explained to you and you have opted to decline the coverage:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please select a coverage limit below. (Please note: This coverage does not apply to Commercial Horse Haulers).**

	Limit Per Horse	Aggregate Limit Per Policy	
<input type="checkbox"/>	\$5,000	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000	1. Breed of Animals in your care: _____
<input type="checkbox"/>	\$10,000	<input type="checkbox"/> \$50,000 or <input type="checkbox"/> \$100,000	2. Use of Animals in your care: _____
<input type="checkbox"/>	\$15,000	\$100,000	3. Average value: _____
<input type="checkbox"/>	\$25,000	<input type="checkbox"/> \$100,000 or <input type="checkbox"/> \$250,000	4. Minimum value: _____
<input type="checkbox"/>	\$50,000	\$250,000	5. Maximum value: _____
<input type="checkbox"/>	\$100,000	<input type="checkbox"/> \$300,000 or <input type="checkbox"/> \$500,000	6. Are shelters provided in runs or pastures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum number of non-owned horses in your care: _____ Average number of non-owned horses in your care: _____ Maximum number of non-owned horses in your care: _____			7. What type of fencing is used in runs, pastures and paddocks and what is the condition? _____
Name and address of regular Veterinarian: _____  How often is the vet on premises? _____			8. Do you have therapeutic pools for horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they installed by the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were they installed by a licensed electrician? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you transport horses for others?  Yes  No Do at least 2 people go on trips?  Yes  No

If yes, maximum number of trips per year: \_\_\_\_\_ Are fire extinguishers carried in the truck or trailer?  Yes  No

Radius of operation: \_\_\_\_\_ How often are truck/trailer boards checked? \_\_\_\_\_

**ANNUAL GROSS REVENUES FROM EQUINE ACTIVITIES**

Breeding	\$ _____	Boarding	\$ _____	Horse Sales	\$ _____
Training	\$ _____	Riding Instruction	\$ _____	Riding Clinics	\$ _____
Judging	\$ _____	Hosting Shows	\$ _____	Tack / Retail Sales	\$ _____
Pony Rides	\$ _____	Horse Wagon Rides	\$ _____	Day Camps	\$ _____
Other ( )	\$ _____			<b>Total Revenue</b>	<b>\$ _____</b>

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Replacement Cost Form – Page 1 of 2

Applicant: _____		
Location # _____	Sketch floors and indicate outside dimensions.	
<b>Main Dwelling Diagram #</b> <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
Exterior Wall Construction I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____  # of Stories            _____ Ceiling Height        _____ # Bathrooms <u>1/2</u> Full # Kitchen              _____ # Bedrooms            _____ # Fireplaces          _____ # Chimneys            _____	Garage (# Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45% Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl Awnings: _____ Widths: _____ <input type="checkbox"/> Aluminum <input type="checkbox"/> PVC <input type="checkbox"/> Canvas  Open Porch:            _____ sq. ft. Closed Porch:         _____ sq. ft. Deck:                    _____ sq. ft. Balcony:                _____ sq. ft.  Who lives in this dwelling: _____	
<b>Main Dwelling Diagram #</b> <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
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<b>Main Dwelling Diagram #</b> <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
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# Replacement Cost Form – Page 2 of 2

Applicant: _____		
Farm Location # _____		Sketch building floor areas. Include outside dimensions.
Farm Structure Dia# _____ Use: _____	Exterior Wall Type: _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	Ground Floor: <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
Average Story Height _____	Roof: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
# of Stories _____	Lightning Rods: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Stalls _____ Size: _____	Loft Space: <input type="checkbox"/> Yes <input type="checkbox"/> No Office: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. ft: _____	
# Tack Rooms _____	Viewing Room: <input type="checkbox"/> Yes <input type="checkbox"/> No Wash Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No Living Quarters: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. ft: _____	
Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No Water <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Bathrooms: ½ _____ Full _____		
Farm Structure Dia# _____ Use: _____	Exterior Wall Type: _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	Ground Floor: <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
Average Story Height _____	Roof: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
# of Stories _____	Lightning Rods: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Stalls _____ Size: _____	Loft Space: <input type="checkbox"/> Yes <input type="checkbox"/> No Office: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. ft: _____	
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Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No Water <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Bathrooms: ½ _____ Full _____		
Farm Structure Dia# _____ Use: _____	Exterior Wall Type: _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	Ground Floor: <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
Average Story Height _____	Roof: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gothic <input type="checkbox"/> Gambrel	
# of Stories _____	Lightning Rods: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Stalls _____ Size: _____	Loft Space: <input type="checkbox"/> Yes <input type="checkbox"/> No Office: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. ft: _____	
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Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No Water <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Bathrooms: ½ _____ Full _____		
Farm Structure Dia# _____ Use: _____	Exterior Wall Type: _____	
<input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Deluxe	Ground Floor: <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other: _____	
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# of Stories _____	Lightning Rods: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Stalls _____ Size: _____	Loft Space: <input type="checkbox"/> Yes <input type="checkbox"/> No Office: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. ft: _____	
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Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No Water <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Bathrooms: ½ _____ Full _____		

# Stove Report – Mobile Tie Down Report

Applicant: \_\_\_\_\_

Location #: \_\_\_\_\_

## Wood / Coal Burning Stove Report

Type of Stove: \_\_\_\_\_

Stove installed by:  Owner  Licensed Contractor

Condition of Stove:  Good  Fair  Poor

What type of floor protection: \_\_\_\_\_

What type of wall protection: \_\_\_\_\_

Is there at least 1" inch air space between the stove wall and Protective shield and wall:  Yes  No

Type of Chimney: \_\_\_\_\_

Last time Chimney was cleaned: \_\_\_\_\_

Condition of Chimney:  Good  Fair  Poor

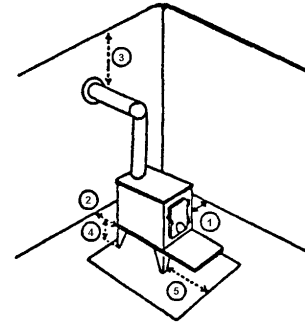
Do all masonry chimneys have approved professionally installed inserts?  Yes  No

Stove Pipe:  Yes  No      How many elbows? \_\_\_\_\_  
If yes, is a ventilated thimble being used?  Yes  No

Pass through walls and/ or ceilings?  Yes  No  
Is a heat saver being used?  Yes  No

Stove Clearances:

1. Side of the unit to the nearest wall: \_\_\_\_\_
2. Rear of unit to wall: \_\_\_\_\_
3. Top of stove pipe to ceiling: \_\_\_\_\_
4. Bottom of unit to floor: \_\_\_\_\_
5. Front of unit to front edge of floor protection: \_\_\_\_\_



## Mobile Home Tie Down Report

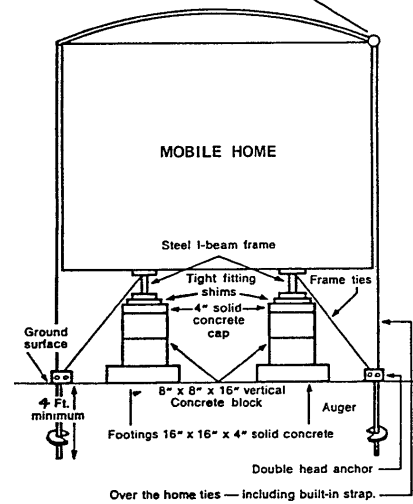
Make of mobile home: \_\_\_\_\_

Model: \_\_\_\_\_

Year built: \_\_\_\_\_

Year Installed: \_\_\_\_\_

Over Home ties buffered at corner if home does not include built-in strap.



Length of Home	Frame Ties and Anchors per Side	Over Home Ties
Up to 40'	4	2
41' to 60'	6	3
61' to 82'	8	4

Does the Mobile Home meet the minimum tie down requirements?  Yes  No

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall be form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from Independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation.

**Applicant's Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Independent Trainer/Instructor Form

**HORSE INSURANCE SPECIALISTS, INC.**  
 1013 S. Hwy 377 • Pilot Point, TX 76258  
 800-346-3271 • 940-686-5375 Fax  
 www.horse-insurance.com



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## Trainer / Instructor(s)

On Premises Coverage can be provided for Independent Trainers / Riding Instructors listed below. If any Trainers and/or Instructors require Off Premises coverage, they must complete their own application for a quote.

Desired effective date of additional instructor/trainer(s): \_\_\_\_\_

### Independent Trainers – (Must be 18 years old.)

1. \_\_\_\_\_ Years Exp. \_\_\_\_\_      2. \_\_\_\_\_ Years Exp. \_\_\_\_\_  
 3. \_\_\_\_\_ Years Exp. \_\_\_\_\_      4. \_\_\_\_\_ Years Exp. \_\_\_\_\_

**Training** Please provide the current average number of horses in training monthly with the addition of the requested Trainer(s): \_\_\_\_\_

### Independent Instructors – (Must be 18 years old.)

1. \_\_\_\_\_ Years Exp. \_\_\_\_\_      2. \_\_\_\_\_ Years Exp. \_\_\_\_\_  
 3. \_\_\_\_\_ Years Exp. \_\_\_\_\_      4. \_\_\_\_\_ Years Exp. \_\_\_\_\_

Please provide current information with the addition of the requested Instructor(s).

**Riding Instruction**      Yes     No       Anyone under 21 giving riding instruction:      Yes     No   
 Any Day Camp activities:      Yes     No       (If yes, the Equestrian Day Camp Supplemental Application must be completed.)  
 Type of instruction: \_\_\_\_\_

Operation's Total Riding Instruction, both On and Off Premises, including all Independents' On Premises Instruction.

Total lessons given annually: \_\_\_\_\_      Average number of weekly lessons given on Client's Own horse(s): \_\_\_\_\_  
 Average cost per lesson: \$ \_\_\_\_\_      Average number of weekly lessons given on School/Insured's horse(s): \_\_\_\_\_

**On Premises Riding Clinics**      Yes     No       Total Clinic Days: \_\_\_\_\_ Clinic Dates: \_\_\_\_\_ No. of participants per day: \_\_\_\_\_  
**Off Premises Riding Clinics**      Yes     No       Total Clinic Days: \_\_\_\_\_ Clinic Dates: \_\_\_\_\_ No. of participants per day: \_\_\_\_\_

### Other Individuals using the property for other business (if any)

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_