



FREDRICKSEN INSURANCE SERVICES, INC.
1600 E. FLORIDA AVE., SUITE 208
HEMET, CA 92544
(951) 929-5845 VOICE
(951) 929-3574 FAX

FARM RENEWAL QUESTIONNAIRE

Insured: _____

Policy No.: _____

Renewal Date: _____

Agent: _____

PROPERTY:

Have you purchased any additional locations or acreage? Yes No

Give Details: _____

Have you built any new buildings? Yes No

If yes, please give description, building class, when built, type of construction, dimensions and what the buildings are used for, if they are heated and/or are used to store hay. *Please attach photos of the new buildings and updated diagram.*

Any newly acquired machinery, tack, and equipment that you wish to insure? Yes No

If yes, please give description, including year, make, model, serial number and present values.

Have you purchased any new items of jewelry, furs, guns, fine arts, cameras, etc. that you wish to insure? Yes No

If yes, please give description and values. *On all new items with a value of \$5,000 or more please provide a copy of purchase receipt or current appraisal.*

LIABILITY:

Have there been any changes or additions in farming operations? Yes No

Give Details: _____

If any changes or additions in equine ownership or operations, please complete the Equine Liability Supplement.

Have there been any changes or additions in employees? Yes No

Give Details: _____

Have you purchased any new recreational vehicles (ATV's or snowmobiles)? Yes No

If yes, please give description, including year, make, model, serial number and present values.

Have there been any changes or additions to livestock? Yes No

Give Details: _____

GENERAL:

Have there been any changes in mortgagee, loss payee or additional insured? Yes No

Give Details: _____

Have there been any changes in named insured, mail or premise address? Yes No

Give Details: _____

UNDERWRITING QUESTIONNAIRE FOR PUBLIC LIABILITY INSURANCE FOR HORSE RELATED OPERATIONS

Applicant: _____

Mailing Address: _____

Equine Exposure is located: _____ City _____ miles _____ County _____ State _____ Zip _____ of _____

Telephone number: _____ Supporting Farm Policy No: _____

Individual _____ Corporation _____ Partnership _____

Joint Venture _____ Estate _____ Owner Occupied _____ Absentee Owner _____

LIMITS (circle one) - \$300,000 \$500,000 \$1,000,000 Each Occurrence | Aggregate

ALL QUESTIONS MUST BE ANSWERED !!

GENERAL INFORMATION:

1. Do you raise hay / grain for horses? Yes No
Explain any farming operations _____
2. Number of years experience in this type of operation: _____
Number of years at this location: _____
If less than 5 years, please give brief description of experience and background in horse business: _____
3. Do you have Workers' Compensation Insurance? Yes No Payroll _____
Company _____ Policy No. _____ Period _____
4. Are there any other business enterprises in which you are engaged? Yes No
If yes, please describe: _____
5. Is there 24 hour supervision of the facility? Yes No

EXPOSURES:

	<u>Number Owned</u>	<u>Number Non-Owned</u>
Boarding / Pasturing	_____	_____
Breeding Only (Stallions _____ Mares _____)	_____	_____
Racing and / or Race Training	_____	_____
Training - Other than Race Horses	_____	_____
Pleasure	_____	_____
Show	_____	_____
Trail Rides / Pack Trips / Rentals	_____	_____
Pony Rides	_____	_____
Horses owned by applicant and used for instruction	_____	_____
Boarded horses used by applicant for instruction to others	_____	_____
Horses used by independent instructors to others	_____	_____
Rodeo Use: Roping, Team Pinning, Barrel racing	_____	_____
Horses leased by applicant	_____	_____
Number of wagons / sleds / carts / carriages / buggies, etc.?	_____	_____
Describe use: _____	_____	_____

OTHER EXPOSURES:

- Is applicant involved in any of the following activities?
- a. Dude Ranch? Yes No
 - b. Entertainment / Amusements involving farm animals? Yes No
 - c. Hunting or fishing on premises by other than owner and family? Yes No
 - d. Hay rides? Yes No
 - e. Motorcycles, ATV's operated by other than applicant? Yes No
 - f. Public horse rentals? Yes No
 - g. Do you have riding for the handicapped / disabled? Yes No
 - h. Do you use horses or ponies for camps / resorts or individuals? Yes No
 - i. Property / land leased to others? Lessee must provide certificate of insurance. Yes No
- Explain any "Yes" answers _____
- _____
- _____

EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS

Check (If "NO" Exposure)

- Do you have riding for the handicapped? Yes No Receipts \$ _____
of horses: _____ Sidewalkers Yes No
- Maximum number of horses available for instruction at peak _____ (Do not include students on their own horses)
Gross receipts \$ _____
- Do you give instruction to students on their own horses? Yes No How many students per year? _____
Gross receipts \$ _____
- Do you teach: English Western Jumping Vaulting Polo
 Other: (Explain) _____
- Any safety gear required? Yes No Describe _____
- Do you hold clinics for non-students? Yes No How Many? _____
Average attendance _____ Receipts _____

BOARDING (STALL RENTALS/PADDOCKS)

PASTURING - BREEDING - RACING - TRAINING (Including Horses Trained)

Check (If "NO" Exposure)

- Total # Stalls _____ Maximum number boarded _____
Pastured (not included in boarded total) _____ Gross receipts _____
- Do you provide riding facilities for your boarders? Yes No Describe _____
- Do you allow non-boarders to use your facilities? Yes No Explain: _____
Gross receipts \$ _____
- TRAINING: (Not Race Horses) Maximum number of horses trained at any one time: _____
Owned _____ Non-Owned _____
Gross receipts \$ _____
- BREEDING: Is Breeding done on or off premises ? Explain _____
How many stallions owned? _____ Non-Owned? _____
Mares Owned? _____ Non-Owned? _____
Gross Receipts _____
- Do Independent Contractors give lessons, training, board, etc., use ranch for operations? Yes No
Do they have own insurance? Yes No
IMPORTANT: Provide Certificate of Insurance
- RACE HORSES:
How many do you own? _____ How many do you train? _____
What breeds? _____ What states do you race in? _____
Payroll \$ _____

SALES: HORSE, FOOD, CLOTHING, TACK, FEED, HORSE SHOEING

1. If you sell horses: Types & Breeds _____
 How many per year? _____ Gross Receipts _____ Is buyer allowed to test ride? Yes No
 If yes, in open field or arena? _____
 Do you sell from your own premises? Yes No
 Explain any other method of sales: _____
2. Do you have food or snack bar? Yes No Describe _____
 (*Liquor Liability not covered.*) Area used _____ sq. ft. Gross Receipts _____
3. Do you sell tack and / or clothing? Yes No Area used _____ sq. ft. Gross Receipts _____
 Do you repair riding equipment for others? Yes No
4. Do you do any horse shoeing? Yes No Gross Receipts _____

HORSE SHOWS AND MISCELLANEOUS ACTIVITIES

1. Do you manage any horse shows which are open to non-students or boarders? Yes No
 Are these events recognized by the American Horse Show Association? Yes No

	On Premises	Off Premises	Receipts	Total Number
a. Shows				
b. Rodeos				

Explain show or rodeo activities: _____

3. Do you have bleachers or grandstands? Yes No Construction _____
 Seating capacity _____ Indoor _____ Outdoor _____
 Does number of spectators ever exceed 500? Yes No If yes, explain seating & safety measures:

 Maximum number of spectators (per day)? _____

4. Do you manage any hunts or racing events? Yes No If yes, what type of event? _____

5. Describe any safety features or precautions taken to reduce or eliminate the possibility of injuries to riders or damage to property:

6. No. of years in this type of operation _____

7. No. of years at this location _____

8. What precautions are taken to insure that all horses are safe and suitable for riding before they are rented or used as school horses?

9. Does insured require Hold Harmless Agreements from individuals utilizing facilities? Yes No
 If yes, attach copy.

10. Are Hold Harmless Agreements and/or rules posted on facility? Yes No

11. Describe qualifications and experience of riding instructors: _____

12. Present insurance carrier _____ Agent _____
 Policy No. _____ Expiration Date _____
 Annual premium \$ _____

13. Loss information for past three years:

Type of Loss	Amount Paid

14. Are your horses insured for full mortality? Yes No, or named perils (fire, lightning, transportation)? Yes No

15. Does an independent trainer train your horses? Yes No

If yes, please provide name _____

Off Premises? Yes No

On Premises? Yes No

16. Are there any additional insureds or others that need to be named on policy? Yes No
Submit names and addresses, also percent of interest and in what equine exposures:

17. Please use the space below to describe any other operations or exposures:

I represent and warrant that all statements and representations are true and correct. Violation of this warranty may result in denial of a claim should a loss occur.

I further understand that completion of this application in no way constitutes acceptance of the risks by any insurance company.

NOTE: Separate Care, Custody and Control policy may be needed on any non-owned horses.

Date

Applicant Signature

Title

INFORMATION TO BE FURNISHED BY AGENT

Do you know the applicant personally? Yes No, If, so, for how long? _____

Did you receive the order direct from the applicant? Yes No

Do you handle other insurance for the applicant? Yes No

Do you recommend the risk? Yes No

b

Date

Agent's Signature