

## Equine Care, Custody and Control Application

Company Use Only	
Customer No.	
Producer No	

**Coverage applies only to  
Non-Owned Horses**

**(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)**

<b>Agency's Name and address (Include Zip Code)</b>	<b>Agency Phone #</b>	( 651 ) 426 - 0607
MCNAMARA COMPANY 1330 HWY 96 ST. PAUL, MN 55110	FAX (651) 426-5790 Email: debbietreadwell@mcnamaracompany.com	

<b>City</b>	<b>St</b>	<b>Zip</b>	<b>Producer</b>	DEBBIE TREADWELL
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<b>Transaction</b>	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Issue	<b>Effective Date</b>	<b>Quote Desired By</b>
	<b>Renewal of #</b> _____	_____ to _____	_____

<i>Agency installments require premium to be \$1,000 or more plus there are installment</i>	<i>Direct Bill installment plans have fees.</i>
<b>Agency Bill</b> <input type="checkbox"/> A <input type="checkbox"/> Semi-A <input type="checkbox"/> Q <input type="checkbox"/> 10 payments	<b>Direct Bill to Applicant</b> <input type="checkbox"/> A <input type="checkbox"/> Monthly <input type="checkbox"/> Multiple

<b>Applicant is</b>	<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Manager <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
	<input type="checkbox"/> Other

### Applicant - Name and address ( include County and Zip Code)

<b>City</b>	<b>Co</b>	<b>St</b>	<b>Zip</b>
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<b>Insured's Phone Number</b> (    ) -	<b>WWW.</b>
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- 1- Business operated by     Stable Owner     Other \_\_\_\_\_  
 Lessee of stable - provide copy of lease agreement with application.    Lessee or Property owner responsible for fence repair?
- 2- Operations by you or your employees consist of:     Boarding     Breeding     Training     Instruction  
 Other \_\_\_\_\_
- 3- How long have you been in business? \_\_\_\_\_    **Please provide a copy of your boarding and release agreements.**
- 4- Are you in compliance with your states equine law?     Yes     No    If not - details \_\_\_\_\_
- 5- Have you ever been cancelled or non-renewed?     No     Yes    Details \_\_\_\_\_
- 6- Do you carry liability coverage?     No     Yes    Name of carrier \_\_\_\_\_    Limits of Liability \_\_\_\_\_
- 7- Breed of Horses \_\_\_\_\_    Use of animals \_\_\_\_\_
- 8- Minimum # of non-owned horses in your care \_\_\_\_\_    Maximum # of non-owned horses in your care? \_\_\_\_\_  
 Average # of non-owned horses in your care? \_\_\_\_\_
- 9- Are there any times that the number of horses will increase above maximum?     No     Yes  
 Details \_\_\_\_\_

## Equine Care, Custody and Control Application

10- Minimum value of horses in your care    Per Horse     Total value of all horses   
 Maximum value of horses in your care    Per Horse     Total value of all horses   
 Average value of horses in your care    Per Horse     Total value of all horses

11-	Construction	# of Stalls?	Sprinklered?	Lightning Rods?	Fire Ext?	Smoke/Fire Alarms?	Central Station Alarm?	If building 20 years or older have the roof, electrical and plumbing been updated or inspected by a licensed contractor? Provide details
Stable #1								
Stable #2								
Stable #3								
Stable #4								

12- Is there 24 hour security and supervision of stables?     Yes     No    Describe

13- Fire Protection Class?     Name of Responding Fire Station   
 Distance between FD and Property     Hydrants within 1,000 feet of structures     Yes     No

14- What type of fencing is used in runs, pastures and paddocks?

15- Any wire fencing used for confinement?     No     Yes    Details

16- Are shelters provided in runs or pastures?     Yes     No    Describe

17- Where are horses kept in the evening? Stable, pasture etc.

18- Are stallions kept separated from mares?     Yes     No

19- Are health statements required before accepting non-owned horses?     Yes     No

20- What are the emergency procedures for an ill horse if owner is not available?

21- Are you for hire to transport non-owned horses?     No     Yes    **Note:** Commerical hauling of non-owned horses other then those you train/breed are excluded.

22- Do you transport horses that are boarded at your facility?     No     Yes    Annual Receipts.   
 Maximum number of trips per year?     Average Radius?     Maximum Radius?   
 Maximum number of horses per trip?     How often are trailer or van floor boards checked?   
 Are fire extinguishers carried on truck or van?     Yes     No    Do at least two people go on each trip?     Yes     No

23- Do you have therapeutic pools / aqua treads for horses?     Yes     No  
 If yes, were they installed by manufacturer?     Yes     No    Who was the electrician?

24- Do your employees (if any) have instructions, in writing, on their responsibilities in case of stable fire?     Yes     No  
 If yes, please attach instructions

25- Name/Address of regular Veterinarian

## Equine Care, Custody and Control Application

26- Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody, even if a claim was not presented:

**Comments**

### INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES

<input type="checkbox"/>	Delaware:	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.
<input type="checkbox"/>	Kentucky:	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
<input type="checkbox"/>	Michigan:	Any person who knowingly and with intent to injure, or defraud any insurer files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
<input type="checkbox"/>	Minnesota:	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<input type="checkbox"/>	New York:	<b>All Insurance applications and claim forms except auto:</b>
<input type="checkbox"/>	Ohio:	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 application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<input type="checkbox"/>	Oklahoma:	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<input type="checkbox"/>	Pennsylvania:	Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

**The above statements given 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: \_\_\_\_\_ Date \_\_\_\_\_

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

**Average number of horses on premise at one time.**

- Options
- 1  Limit - \$5,000 per horse - \$25,000 maximum loss per policy year.  
\$275 minimum premium for the first 1-20 horses \$9 additional premium for each horse over 20
  - 2  Limit - \$5,000 per horse - \$50,000 maximum loss per policy year.  
\$330 minimum premium for the first 1-20 horses \$11 additional premium for each horse over 20
  - 3  Limit - \$10,000 per horse - \$50,000 maximum loss per policy year.  
\$385 minimum premium for the first 1-20 horses \$12 additional premium for each horse over 20
  - 4  Limit - \$10,000 per horse - \$100,000 maximum loss per policy year.  
\$440 minimum premium for the first 1-20 horses \$14 additional premium for each horse over 20
  - 5  Limit - \$25,000 per horse - \$250,000 maximum loss per policy year.  
\$550 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20
  - 6  Limit - \$50,000 per horse - \$250,000 maximum loss per policy year.  
\$825 minimum premium for the first 1-20 horses \$22 additional premium for each horse over 20
  - 7  Limit - \$100,000 per horse - \$300,000 maximum loss per policy year.  
\$990 minimum premium for the first 1-20 horses \$24 additional premium for each horse over 20
  - 8  Limit - \$200,000 per horse - \$500,000 maximum loss per policy year.  
\$1,650 minimum premium for the first 1-20 horses \$28 additional premium for each horse over 20

**Limits other than those designated above - refer to company for rating.**

9  Limit - \_\_\_\_\_ per horse \_\_\_\_\_ Maximum loss per policy year.  
 \_\_\_\_\_ minimum premium for first 1-20 horses  
 \_\_\_\_\_ additional premium for each horse over 20.

**\* Annual premiums are subject to state charges (SC) and individual risk premium modifications (IRPM).**

Option	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1+2	<b>Company Use</b>
	$\left( \left( \frac{\text{First 20 horses}}{\text{First 20 horses}} + \left( \frac{\text{\#of horses over 20}}{\text{\#of horses over 20}} \times \frac{\text{Charge for each add'l}}{\text{Charge for each add'l}} \right) \right) = \frac{\text{Additional charge for additional horses}}{\text{Additional charge for additional horses}} \right) = \frac{\text{\*Annual Premium - Manual}}{\text{\*Annual Premium - Manual}}$			<input checked="" type="checkbox"/> CCC - IRPM <input checked="" type="checkbox"/> PKG - IRPM <input checked="" type="checkbox"/> Co Tier <input checked="" type="checkbox"/> * SC
<b>Final Premium</b>				<input type="text"/>
Option	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1+2	<b>Company Use</b>
	$\left( \left( \frac{\text{First 20 horses}}{\text{First 20 horses}} + \left( \frac{\text{\#of horses over 20}}{\text{\#of horses over 20}} \times \frac{\text{Charge for each add'l}}{\text{Charge for each add'l}} \right) \right) = \frac{\text{Additional charge for additional horses}}{\text{Additional charge for additional horses}} \right) = \frac{\text{\*Annual Premium - Manual}}{\text{\*Annual Premium - Manual}}$			<input checked="" type="checkbox"/> CCC - IRPM <input checked="" type="checkbox"/> PKG - IRPM <input checked="" type="checkbox"/> Co Tier <input checked="" type="checkbox"/> * SC
<b>Final Premium</b>				<input type="text"/>
Option	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1+2	<b>Company Use</b>
	$\left( \left( \frac{\text{First 20 horses}}{\text{First 20 horses}} + \left( \frac{\text{\#of horses over 20}}{\text{\#of horses over 20}} \times \frac{\text{Charge for each add'l}}{\text{Charge for each add'l}} \right) \right) = \frac{\text{Additional charge for additional horses}}{\text{Additional charge for additional horses}} \right) = \frac{\text{\*Annual Premium - Manual}}{\text{\*Annual Premium - Manual}}$			<input checked="" type="checkbox"/> CCC - IRPM <input checked="" type="checkbox"/> PKG - IRPM <input checked="" type="checkbox"/> Co Tier <input checked="" type="checkbox"/> * SC
<b>Final Premium</b>				<input type="text"/>

**GENERAL FRAUD STATEMENT**

**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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS QUILTY OF A FELONY OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

(10/08)

**COLORADO APPLICATION SUPPLEMENT**

**THIS NOTICE IS A PART OF YOUR APPLICATION FOR:**

- |                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> HOMEOWNERS INSURANCE             | <input type="checkbox"/> DWELLING INSURANCE               |
| <input type="checkbox"/> PERSONAL INLAND MARINE INSURANCE | <input type="checkbox"/> MOBILE HOME INSURANCE            |
| <input type="checkbox"/> WATERCRAFT INSURANCE             | <input type="checkbox"/> PERSONAL LINES PACKAGE INSURANCE |
| <input type="checkbox"/> PERSONAL UMBRELLA INSURANCE      | <input type="checkbox"/> PERSONAL AUTO INSURANCE          |
| <input type="checkbox"/> AGRICULTURE INSURANCE            | <input type="checkbox"/> COMMERCIAL INSURANCE             |

**FRAUD WARNING**

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)

**OHIO FRAUD STATEMENT**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)