

Equine Care, Custody or Control Application

Name: _____ Website : www._____

Years in Equine business: _____ Equine Associations (member): _____

Describe your Equine operation: _____

- Breed of non-owned Horses: _____
- Minimum # of non-owned horses in your care: _____
- Maximum # of non-owned horses in your care: _____
- Average # of non-owned horses in your care: _____
- Will the number of non-owned horses ever increase above the maximum? Yes No
If Yes, explain _____
- Are shelters provided in runs or pastures? Yes No
- Where are the horses kept in the evening? Stable or pasture? _____
- Do your employees (if any) have instructions, in writing, on their responsibilities in case of a stable fire? Yes No
- Do you have a veterinarian available for emergencies? Yes No
- Are stallions kept separated from the mares? Yes No
- Are health statements from a licensed veterinarian obtain before accepting any non-owned horses? Yes No
- Do you have an emergency procedure in place for an ill horse, if the owner is unreachable? Yes No

LIMIT OF INSURANCE –

Limit per Horse	Per Occurrence Limit	Annual Aggregate Limit
<input type="checkbox"/> - \$ 5,000	\$ 25,000	\$ 25,000
<input type="checkbox"/> - \$ 5,000	\$ 50,000	\$ 50,000
<input type="checkbox"/> - \$ 10,000	\$ 50,000	\$ 50,000
<input type="checkbox"/> - \$ 10,000	\$100,000	\$100,000
<input type="checkbox"/> - \$ 25,000	\$100,000	\$100,000
<input type="checkbox"/> - \$ 50,000	\$250,000	\$250,000