



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Horse Boarding Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. Have you had previous Workers' Compensation coverage? Yes No
Have you ever been cancelled? Yes No
If Yes, explain: _____

2. Has any employee been injured while working for a previous employer? Yes No
If yes, give full details: _____

3. Does this farm have an absentee owner? Yes No
If yes, please give the name of the farm manager: _____

4. What is the average number of years your employees have worked with horses? _____

5. Are your employees involved in the training of the horses? Yes No
If yes, give full details: _____

6. Do your employees ever ride the horses? Yes No
If yes, give full details: _____

7. Please give a detailed description of all employee duties: _____

8. **Requested date of coverage:** _____

- A. *Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.*
- B. *The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.*

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____