



**Broadstone Equine Insurance Agency**

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www.BroadstoneEquine.com

**American Bankers**  
Insurance Company of Florida

**APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES IN YOUR  
CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. ( )	FAX NO. ( )	AGENCY CODE

**THIS IS NOT A BINDER**

- |  |  |
|--|--|
| <input type="checkbox"/> DIRECT BILL     | <input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE    /    /                             |
| <input type="checkbox"/> ACCOUNT CURRENT | <input type="checkbox"/> RENEWAL – EXPIRATION DATE    /    / <input type="checkbox"/> POLICY NO. CCC |

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO. ( )
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
CITY/STATE/ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.	

**A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.**

DO YOU:	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS?    YEARS.
<input type="checkbox"/> OWN	IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.
<input type="checkbox"/> LEASE	_____
<input type="checkbox"/> RENT THE PREMISES?	_____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? \_\_\_\_\_

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? \_\_\_\_\_

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: \_\_\_\_\_

DESCRIBE CONDITION OF FENCES:             EXCELLENT             GOOD             FAIR             POOR

DESCRIBE CONDITION OF STABLES:             EXCELLENT             GOOD             FAIR             POOR

OPERATIONS:     STABLE OWNER             BOARDING             BREEDING             TRAINING             OTHER

BREED OF ANIMALS \_\_\_\_\_ USE OF ANIMALS \_\_\_\_\_

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE?     YES     NO

IS ANY STABLE OVER 25 YEARS OLD?     YES     NO                      IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED,  
CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? \_\_\_\_\_

**CARE, CUSTODY OR CONTROL PROGRAM**

NUMBER OF STALLS:      BARN #1 \_\_\_\_\_      BARN #2 \_\_\_\_\_      BARN #3 \_\_\_\_\_      BARN #4 \_\_\_\_\_  
MINIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_      MINIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_  
AVERAGE NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_      AVERAGE VALUE OF HORSES IN YOUR CARE \_\_\_\_\_  
MAXIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_      MAXIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.

**POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.**

**\*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.**

DO YOU TRANSPORT HORSES FOR OTHERS?  YES  NO      IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_

MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_      RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?  YES  NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP?  YES  NO

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD NOTICES**

**Standard:** 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 act, which is a crime, and may subject such person to criminal and civil penalties.

**Florida Applicants:** 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 guilty of a felony of the third degree.

**New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE

**X**

DATE

/ /

AGENT SIGNATURE

**X**

DATE

/ /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE, CUSTODY OR CONTROL PROGRAM  
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss Per Policy Year
<input type="checkbox"/> \$2,500	\$25,000
<input type="checkbox"/> \$5,000	\$25,000
<input type="checkbox"/> \$5,000	\$50,000
<input type="checkbox"/> \$10,000	\$50,000
<input type="checkbox"/> \$10,000	\$100,000
<input type="checkbox"/> \$15,000	\$150,000
<input type="checkbox"/> \$25,000	\$250,000
<input type="checkbox"/> \$75,000	\$300,000
<input type="checkbox"/> \$100,000	\$300,000
<input type="checkbox"/> \$150,000	\$400,000
<input type="checkbox"/> \$200,000	\$500,000
<input type="checkbox"/> \$500,000*	\$1,000,000*

\*Limits of \$500,000/\$1,000,000 must be referred to the company for approval