



CARE, CUSTODY OR CONTROL QUESTIONNAIRE

(Horse Liability Questionnaire Must Also Be Completed)

INSURED'S NAME _____ **POLICY #** _____

BUSINESS: Stable Owner Boarding Breeding Farm Trainer Other _____

How long in the business? _____ Do you own or lease stables? If leasing premises, who is responsible for building and fence repair? _____.

Stable	Const.?	# of Stalls	Sprinklered?	Lightning Rods?	Fire Ext.?	Smoke/Fire Alarms?	24 Hour Security?	Describe Security	Secondary Egress?	If over 25 yrs. old, when was the last date the wiring was checked by an electrician & certified safe for use?
1										
2										
3										
4										

Breed of Horses _____ Use of Horses _____

Minimum # of non-owned horses in your care _____

Maximum # of non-owned horses in your care _____

Minimum value of non-owned horses in your care _____

Maximum value of non-owned horses in your care _____

Average # of non-owned horses in your care _____

Average value of non-owned horses in your care _____

Fire protection class _____

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

Are shelters provided in runs or pastures? Yes No If yes, describe _____

Where are non-owned horses kept at night (stable, pasture, etc.)? _____

Is smoking prohibited within structures? Yes No Strictly enforced? Yes No

Are stallions housed, pastured and exercised in separate pastures, paddocks and runs, away from mares? Yes No

Do all electrical lights have explosion proof covers? Yes No

Are electrical outlets inaccessible to horses? Yes No

Does applicant mix own concentrate feed rations on the premises? Yes No

Is feed stored in the stabling area? Yes No If yes, explain the type of feed and the location of the storage area. _____

Is the feed room secured with horse proof latches? Yes No

What is the construction of the stalls? _____ Type of stalls (box, slip)? _____

Size of stalls (sq. ft. & height)? _____

Are health certificates required to be provided by the owner(s) prior to accepting the non-owned horse? Yes No

If yes, how often are they required to be updated? _____

Are all non-owned horses required to have permanent methods of identification, i.e. tags, brands, tattoos, registration records? Yes No If yes, explain _____

Are non-owned horses transported for others? Yes No If yes, please provide the following:

Maximum # of trips per year? _____ Maximum # of animals per trip? _____

Radius of operation? _____ Do at least two people go on each trip? Yes No

How often are trailer or van floor boards checked? _____

Are fire extinguishers carried on the truck or van? Yes No

Are there therapeutic pools for horses? Yes No If yes, were they installed by the manufacturer? Yes No

Electrician? _____

Do employees (if any) have written instructions on their responsibility in case of a stable fire? Yes No

If yes, please provide a copy of those instructions.

Name/Address of regular Veterinarian: _____

How often is he/she on the premises? Daily Twice Weekly Weekly Other _____

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

Indicate Desired Limits (Check One)

Per Horse	Per Occurrence/Annual Aggregate
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> 5,000	<input type="checkbox"/> 50,000
<input type="checkbox"/> 10,000	<input type="checkbox"/> 50,000
<input type="checkbox"/> 10,000	<input type="checkbox"/> 100,000
<input type="checkbox"/> 15,000	<input type="checkbox"/> 75,000
<input type="checkbox"/> 15,000	<input type="checkbox"/> 150,000
<input type="checkbox"/> 25,000	<input type="checkbox"/> 125,000
<input type="checkbox"/> 25,000	<input type="checkbox"/> 250,000
<input type="checkbox"/> 50,000	<input type="checkbox"/> 300,000
<input type="checkbox"/> 75,000	<input type="checkbox"/> 300,000
<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000
<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____