

**LEGAL LIABILITY  
 CARE, CUSTODY OR CONTROL  
 RENEWAL QUESTIONNAIRE**

INSURED / DBA		AGENT	CODE
PHONE NUMBER / E-MAIL ADDRESS		PHONE NUMBER / E-MAIL ADDRESS	
POLICY NUMBER	EXPIRATION DATE	FAX NUMBER	

Renew my policy based on the following information:

Breed of horses \_\_\_\_\_ Use of horses \_\_\_\_\_

**Number** of Non-Owned horses in your care:

Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

**Value** of Non-Owned horses in your care:

Per horse – Maximum \$ \_\_\_\_\_ Minimum \$ \_\_\_\_\_ Average \$ \_\_\_\_\_

Renew current Limits of: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Revise Limits to: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Do you transport horses for others?  Yes  No Maximum number of trips per year \_\_\_\_\_

Maximum number of horses per trip \_\_\_\_\_ Normal radius of operation \_\_\_\_\_ (miles)

Number of trips and destinations exceeding normal 150 mile radius \_\_\_\_\_

The undersigned hereby applies for renewal of insurance coverage as set forth in the application and affirms that the statements and representations made here are to the best of his/her knowledge true.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
<b>X</b>	/ /	<b>X</b>	/ /

**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED  
 APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**