

AgriBusiness® Division – Equine Farm Center



PACKAGE RENEWAL QUESTIONNAIRE

Insured: _____

Policy No.: _____
 Renewal Date: _____

Producer: _____

Agency Bill A ___ S ___ Q ___ M ___
 Choice Bill A ___ MO ___ Multiple ___

Please answer all questions completely.

Farm Property

Have you purchased any additional locations or acreage? Yes No If so, please describe

Have you built any new buildings that you wish to insure? Yes No If so, please give description, building class, when built, type of construction, dimensions and what the buildings are used for and if they are heated and/or store hay. *Please attach photos of the new buildings.*

Have you purchased any new machinery or equipment that you wish to insure? Yes No If so, please describe and give Year, make, model, serial number and present values. _____

Have you purchased any new tack items that you wish to insure? Yes No If so, please describe and give present values.

Have you purchased any new items of jewelry, furs, cameras, etc. that you wish to insure? Yes No
 If so, please describe and give values. *On all new items with a value of \$5,000 or more please provide copy of purchase receipt or current appraisal.*

Farm Liability

Please describe your equine operations: _____

Describe any non-equine operations: _____

What is your annual payroll for equine operations? _____ Annual receipts? _____

How many horses do you own or lease for your own use? _____

How many are used for riding instruction? _____

How many are used for breeding? No. of mares _____ No. of stallions _____

How many are used for pleasure riding? _____

How many are used for showing? _____

How many are in race training? _____

How many are actually racing at the track? _____

Sales Prep? _____

Yearlings and/or weanlings? _____

Any other use: _____

How many non-owned horses are on your premises at any one time? _____

How many are there for straight boarding? _____

How many are there for breeding only? _____

How many are there for training? _____

Do you give pony rides, rent horses for public riding, offer trail rides to non-boarders, give hay rides, sleigh rides or carriage rides? Yes No

Are riding instructions given? Yes No Number of lessons per week by you or your employees _____

Number of lessons per week given by independent instructor(s) _____

Number of independent instructors or trainers operating on your premises _____ . A Certificate of General Liability insurance is required from each independent.

Number of anticipated horse shows sponsored by you on your premises _____

Please give a brief description (type of shows, # of days per show, # of participants, # of spectators):

Number of clinics you will hold on your premises for non-students _____

Please give a brief description (types of clinics, number of days per clinic, number of participants):

Do you hold summer day camps? Yes No If so, how many weeks is the camp in session? _____

How many campers attend per day? _____

Please ask your agent to provide you with our Camp Supplement for completion and return.

Does Insured currently cover Farm Auto Coverage? Yes No
If Yes – does coverage provide Non-owned auto? Yes No

Signature: _____ Date: _____