

# Care, Custody or Control

*Exclusively Underwritten By*  
**AMERICAN EQUINE  
 INSURANCE GROUP**



Sypolt Insurance Services, Inc.  
 11344 Coloma Road, Suite 635, Gold River, CA 95670  
 Tel: 916-669-1362 or 800-995-4770  
 Fax: 916-669-1363, License #OD10712  
 Producer Code; 345

Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the applicant:  Own or  Lease the facilities utilized by the applicant.

Is applicant currently Insured?  Yes  No

Most recent or present insurance company: \_\_\_\_\_ Annual premium: \$ \_\_\_\_\_

Pay Plan Desired?  Yes  No **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years?  Yes  No

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)*  Yes  No

*Attach a separate sheet to explain all claims and reported incidents for the past five year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy?  Yes  No

*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association?  Yes  No

*If yes, attach a separate sheet and explain.*

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada.  
**Coverage is not available to Commercial Haulers.**

Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

*Select from limits below. Premiums shown are for up to 20 horses.*

	Maximum Limit Per Horse	Aggregate Limit Per year	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/>	1) \$5,000	\$25,000	\$350.00	\$5.00
<input type="checkbox"/>	2) \$5,000	\$50,000	\$425.00	\$8.00
<input type="checkbox"/>	3) \$10,000	\$50,000	\$450.00	\$9.00
<input type="checkbox"/>	4) \$10,000	\$100,000	\$525.00	\$10.00
<input type="checkbox"/>	5) \$15,000	\$100,000	\$550.00	\$13.00
<input type="checkbox"/>	6) \$25,000	\$100,000	\$600.00	\$15.00
<input type="checkbox"/>	7) \$25,000	\$250,000	\$675.00	\$17.00
<input type="checkbox"/>	8) \$25,000	\$300,000	\$775.00	\$18.00
<input type="checkbox"/>	9) \$50,000	\$300,000	\$1,200.00	\$20.00
<input type="checkbox"/>	10) \$100,000	\$300,000	\$1,500.00	\$25.00
<input type="checkbox"/>	11) \$100,000	\$500,000	<i>Submit for Quote</i>	
<input type="checkbox"/>	12) \$250,000	\$500,000	<i>Submit for Quote</i>	
<input type="checkbox"/>	13) \$500,000	\$1,000,000	<i>Submit for Quote</i>	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium  No  
*(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy)*

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_  
 Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_  
 Maximum value of an insured non-owned horse in your Care Custody, or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Do you transport horses in your Care Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: \_\_\_\_\_

Do you transport horses not usually in your care, Custody or Control? (Coverage not provide for Commercial Haulers.) Yes No

If yes, please describe: \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Description of your operation: \_\_\_\_\_

Total years experience with horses: \_\_\_\_\_ Total professional years operating this type of an operation as a business: \_\_\_\_\_

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: \_\_\_\_\_

If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Exp: \_\_\_\_\_

24-hour supervision of facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire Drills conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency numbers posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No Smoking signs posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety & Barn Rules posted and written out	<input type="checkbox"/> Yes <i>Enclose copies</i>	<input type="checkbox"/> No	Smoke Alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current liability waivers utilized	<input type="checkbox"/> Yes <i>Enclose copies</i>	<input type="checkbox"/> No	Smoking allowed in barns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Equine Activity signs posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: \_\_\_\_\_

Are other dogs permitted at your facility? Yes No

If yes, please explain your policy regarding dogs: \_\_\_\_\_

Other animals on premises? Yes No If yes, how many, what type, and for what purpose: \_\_\_\_\_

Hunting on Premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No

Please explain hunting activities: \_\_\_\_\_

### Regulatory Fraud Warnings

*In Arkansas, Louisiana, and New Mexico*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

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 insurance act, which is a crime and subject such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for such violation.

*In New Jersey*

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

*In Ohio*

Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for statement. I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability Coverage.

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Date: \_\_\_\_\_