

Exclusively Underwritten By



Broker: Athena Insurance and Financial Services Phone 209 2233-1870 Broker Number: _____
 Broker License Number: CA #0588228 | National Producer #2709340
 Policy and/or Renewal #: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____ Contact Person: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Website: _____ Email: _____

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 the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year <i>(Not Available in IL for Personal Liability)</i>	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	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

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

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: _____

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL HAULERS

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