



**CARE, CUSTODY & CONTROL QUESTIONNAIRE**  
(Horse Liability Questionnaire Must Also Be Complete)

|                |               |
|----------------|---------------|
| INSURED'S NAME | POLICY NUMBER |
|----------------|---------------|

Business:

Stable Owner   
  Boarding   
  Breeding Farm   
  Trainer   
  Other

|                       |  |  |
|-----------------------|--|--|
| How long in business? | Do you<br><input type="checkbox"/> own or <input type="checkbox"/> lease stable? | If leasing premises, who is responsible for building and fence repair? |
|-----------------------|--|--|

| Stable | Const? | # of Stalls | Sprinklered | Lighting Rods? | Fire Ext.? | Smoke/Fire Alarms | 24 Hr Security | Describe Security | Secondary Egress? | If over 25 yrs. When Last updated |
|--------|--------|-------------|-------------|----------------|------------|-------------------|----------------|-------------------|-------------------|-----------------------------------|
| 1      |        |             |             |                |            |                   |                |                   |                   |                                   |
| 2      |        |             |             |                |            |                   |                |                   |                   |                                   |
| 3      |        |             |             |                |            |                   |                |                   |                   |                                   |
| 4      |        |             |             |                |            |                   |                |                   |                   |                                   |

|                  |                |
|------------------|----------------|
| Breed of Horses: | Use of Horses: |
|------------------|----------------|

1. Minimum number of non-owned horses in your care
2. Maximum number of non-owned horses in your care
3. Minimum value of non-owned horses in your care
4. Maximum values of non-owned horses in your care
5. Average number of non-owned horses in your care
6. Average value of non-owned horses in your care
7. Fire protection class
8. What type of fencing is used in run, pastures and paddocks?
9. Is wire utilized in the construction of pasture fences, paddocks or any area that non-owned horses will have access? if yes, please explain the type and the extent of use (make specific reference to any use of barbed wire).
10. Are shelters provided in runs of pastures?  Yes  No  
If yes, describe
11. Where are non-owned horses kept at night (stable, pasture, etc.)?
12. Is smoking allowed within structures?  Yes  No      Strickly Enforced?  Yes  No
13. Are stallions housed, pastured and exercised in separate pastures, paddocks and runs, away from mares  
 Yes  No

14. Do all electrical lights have explosion proof covers?  Yes  No
15. Are electrical outlets inaccessible to horses?  Yes  No
16. Does applicant mix own concentrate feed rations on the premises?  Yes  No
17. Is feed stored in the stabling area?  Yes  No If yes, explain the type of feed and the location of the storage area.
18. Is the feed room secured with horse proof latches?  Yes  No
19. What is construction of the stalls? \_\_\_\_\_ Type of stalls (box, slip)? \_\_\_\_\_
20. Size of stalls (sq. ft. & height)? \_\_\_\_\_
21. Are health certificates required to be provided by the owner(s) prior to accepting the non-owned horses?  
 Yes  No If yes, how often are they required to be updated?
22. Are all non-owned horses required to have permanent methods of identification, i.e. tags, brands, tattoos, registration records?  
 Yes  No If yes, explain \_\_\_\_\_
23. Are non-owned horses transported for others?  Yes  No If yes, please provide the following:  
Maximum number of trips per year? \_\_\_\_\_ Maximum number of animals per trip? \_\_\_\_\_  
Radius of operation? \_\_\_\_\_ Do at least two people go on each trip  Yes  No  
How often are trailer(s) or van(s) floor boards checked? \_\_\_\_\_  
Are fire extinguishers carried on the truck or van?  Yes  No
24. Are there therapeutic pools for horses?  Yes  No If yes, were they installed by the manufacturer?  
 Yes  No Electrician? \_\_\_\_\_
25. 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.
26. Name/Address of regular Veterinarian: \_\_\_\_\_
- How often is he/she on premises?  Daily  Twice a week  Weekly  Other \_\_\_\_\_
27. 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:

**Requested Limits of Insurance: Please place and X beside limits desired!**

| <u>Limit per Horse</u>              | <u>Limit per Occurrence</u> | <u>Aggregate</u> |
|-------------------------------------|-----------------------------|------------------|
| <input type="checkbox"/> \$ 500     | \$ 5,000                    | \$ 5,000         |
| <input type="checkbox"/> \$ 1,000   | \$ 10,000                   | \$ 10,000        |
| <input type="checkbox"/> \$ 2,500   | \$ 25,000                   | \$ 25,000        |
| <input type="checkbox"/> \$ 5,000   | \$ 25,000                   | \$ 25,000        |
| <input type="checkbox"/> \$ 5,000   | \$ 50,000                   | \$ 50,000        |
| <input type="checkbox"/> \$ 10,000  | \$ 50,000                   | \$ 50,000        |
| <input type="checkbox"/> \$ 10,000  | \$ 100,000                  | \$ 100,000       |
| <input type="checkbox"/> \$ 25,000  | \$ 250,000                  | \$ 250,000       |
| <input type="checkbox"/> \$ 50,000  | \$ 250,000                  | \$ 250,000       |
| <input type="checkbox"/> \$ 100,000 | \$ 300,000                  | \$ 300,000       |
| <input type="checkbox"/> \$ 200,000 | \$ 500,000                  | \$ 500,000       |

**Insured Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_