

## INSURANCE CARRIER: STARNET INSURANCE COMPANY

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005, (866) 298-5525

### EQUINE FARM APPLICATION

**(NOTE: This is not a binder. Incomplete or unsigned applications will be returned for completion)**

<b>Producer</b>	Name and Address (include Zip Code) _____ _____ _____	Agency Code: _____ Agency Phone Number: _____ Agent's Fax Number: _____ Agent's Email: _____ Agent's License #: _____
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<b>Transaction Agent Completes This Box</b>	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Renewal <input type="checkbox"/> Issue	<input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Pay Plan	Effective Date: _____ To _____	Quote desired by:
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<b>Applicant</b>	Name and Address (include County and Zip Code) _____ _____ _____  FARM NAME: _____ PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____ E-MAIL: _____	<b>APPLICANT IS:</b> <input type="checkbox"/> Individual/Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other-Define  <b>INSPECTION CONTACT PERSON:</b> Name: _____ Phone Number: (____) _____
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	Insured Location	Acres	LEGAL DESCRIPTION (Section, Township, Range, County, State)	Note Operations Conducted At Each Location
Location #				

Name and Address of Mortgagee _____ _____ _____	Name and Address of Loss Payee _____ _____ _____
* Note buildings applicable to	* Note items applicable to

## GENERAL RISK INFORMATION

1. Are horse operations the main source of income?  Yes  No Years of experience? \_\_\_\_\_ Other sources: \_\_\_\_\_
2. Describe the horse operations: \_\_\_\_\_  
 \_\_\_\_\_  
 Number of years experience with horses? \_\_\_\_\_  
 Number of years' experience at this location/operation(s)? \_\_\_\_\_
3. Describe farm operations other than horses: \_\_\_\_\_  
 \_\_\_\_\_
4. Any non-farm operations?  Yes  No If yes, please explain: \_\_\_\_\_
5. Number of farm employees: \_\_\_\_\_ Number of domestic employees: \_\_\_\_\_  
 Do you have Worker's Compensation coverage?  Yes  No Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
6. Identify all buildings that have protective devices (smoke/burglar alarms, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Is any property leased to others?  Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
8. What is the nearest responding fire department or district name? \_\_\_\_\_  
 Manned  Volunteer Distance from premises: \_\_\_\_\_ Distance from nearest hydrant: \_\_\_\_\_
9. Any buildings over 20 years old?  Yes  No If yes, dates and details of when roof was last replaced and/or any other improvements, i.e. electrical or plumbing updates:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is there a swimming pool on the premises?  Yes  No Fenced?  Yes  No  
 Used by anyone other than the applicant?  Yes  No Explain: \_\_\_\_\_
11. Is there a trampoline on the premises?  Yes  No
12. Is main dwelling occupied year round?  Yes  No If no, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
13. Are dogs owned by the applicant?  Yes  No If yes, how many: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Any past incidents? (i.e. bites, attacks, etc.)  Yes  No If yes, explain: \_\_\_\_\_

### DWELLING(S) – Complete one line for each Dwelling

**Type-Building Classification is completed by the Agent: Type 1, Type 2, Type 3 / Mobile Home = MH**

**Cause of Loss:** Basic, Broad, Special or Special/Broad = Special on Coverage A&B and Broad on Coverage C

**Construction:** FR = Frame, MA = Masonry, NC = Non-Combustion

**Valuation (value):** Coverage A & B is Replacement Cost (RC) subject to 80% coinsurance / Coverage C is Actual Cash Value (ACV), RC may be offered on Coverage C by writing in "RC" in box C#2 below.

<b>Limits of Insurance</b> * Please note the following % of cov. A included: B-10%, C-50%, D-10%													
Loc No.	Cov A. Dwelling Limit	Cov B. Appurtenant Structure Limit	Cov C. Personal Property Limit	C#2. Value ACV or RC	Cov D. Loss Of Use	Type Bldg. Class	Cause of Loss	Construction	Year Built	Sq. Ft.	Type Heat	Occupant	Roof Material

## Barns & Outbuildings – Coverage G – Complete one line for each Structure

**Type-Building Classification is completed by the Agent: Type 1, Type 2, Type 3**

**Cause of Loss:** Basic or Broad or Special / **Construction:** FR = Frame, MA = Masonry, NC = Non-Combustible

**Roof Material:** MT = Metal, ASP = Asphalt, SL = Slate, CT = Ceramic Tile, CN = Concrete

**Valuation (Value) RC = Replacement Cost ACV = Actual Cash Value (NOTE: RC ON COV G REQUIRES APPROVED COST ESTIMATORS)**

Loc No.	Item#	Description	Limit of Insurance (\$)	Bldg. Class Type	Cause of Loss	Construction	Sq. Ft.	Roof Mat.	RC or ACV	Year Built	Year Roof Replaced

Is there any urethane insulation in the farm buildings?  Yes  No Explain: \_\_\_\_\_

Please note any buildings storing substantial hay (50+ bales): \_\_\_\_\_

DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<b>Is a wood burning device used in any of the dwelling(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. <i>If yes, complete the Wood stove Questionnaire and attach photo.</i>
Outdoor radio and TV antennas / satellite dishes (Limit \$500) <input type="checkbox"/> Dish <input type="checkbox"/> Antenna Increased Values _____ Number _____ Limit(\$) _____
Private power and light poles excess of 250. \$ _____ / Loc.No: _____ \$ _____ / Loc.No: _____

**Increased Special Limits on Specified Household Personal Property or Scheduled Personal Property:**

To increase Special Limits – Enter Limit of Insurance next to Specified Household Personal Property

To Schedule Personal Property, enter description of scheduled items

Specified Household Personal Property	Limit of Insurance (\$)	ACV or RC	Description of Scheduled Items
A	Cameras		
B	Coin Collection		
C	Fine Arts		
C2	Fine Arts(w/breakage cov.)		
D	Furs		
F	Jewelry		
H	Silverware		
J	Guns		

**Schedule all items with complete description above or on a separate sheet of paper for coverage FP 04 61, Scheduled Personal Property. An appraisal less than three years old must accompany this application for all items \$5,000.00 and over, per item.**

### COVERAGE E – FARM PERSONAL PROPERTY

**Cause of Loss:** Basic

Valuation (Value) ACV = Actual Cash Value

Description	Serial #	Year	Make	Model	Limit of Insurance \$
Tractor					
Tractor					
Tractor					
Tractor					
Mower					

Quantity    Limit of Insurance(\$)

Baler		
Bale Loader/Hay		
Chopper – Sileage		
Cultipacker		
Disc		
Feed Grinder/Mixer		
Fertilizer Spreader		
Grain Auger		
Gravity Wagon		
Manure Spreader		
Mower/Conditioner		
Planter		
Plow		
Post Hole Digger		
Hay Rake		
Rotary Hole		

Quantity    Limit of Insurance \$

Sprayer		
Wagon		
Tack (List items over \$1,000)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Miscellaneous Equip		
List Any Other Farm Personal Property Items		
_____		
_____		
_____		
_____		

### FARM COMPUTER COVERAGE FP 04 08

	Description	Limit Of Insurance
Scheduled Hardware	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Scheduled Software	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**LIABILITY COVERAGE / Coverage H: Bodily Injury And Property Damage Liability**

**Coverage I: Personal And Advertising Injury Liability**

**Check If You Want To Decline Personal And Advertising Injury Liability Coverage; or**

**Check If You Want To Decline Advertising Injury Liability Coverage**

**LIMITS OF LIABILITY (Occurrence/Aggregate) – Please check only one limit:**

\$300,000/\$600,000

\$500,000/\$1,000,000

\$1,000,000/\$2,000,000

**Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Can Be Quoted In Most States upon Request**

Location Number	Acres	Number of Dwellings	Number of Structures	Insured's Interest

Additional residence (non-farm) maintained by insured: \_\_\_\_\_

Additional residences (non-farm) rented to others: \_\_\_\_\_

Business or professional office (non-farm) type: \_\_\_\_\_

Custom farming: Type \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_

Watercraft:  Owned  Leased / Length: \_\_\_\_\_ H.P.: \_\_\_\_\_ (NOTE: Watercraft over 50 feet not eligible for coverage)

Snowmobile:  Owned  Leased / Make \_\_\_\_\_ Model \_\_\_\_\_

All terrain vehicles:  Owned  Leased Number owned or leased: \_\_\_\_\_ Number of wheels: \_\_\_\_\_

**Additional Insureds – (must have an insurable interest in the applicant to be considered)**

Name: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EQUINE UNDERWRITING AND SAFETY INFORMATION**

1. Are you the primary manager of your facility?  Yes  No  
If no, what is the manager's name: \_\_\_\_\_, age: \_\_\_\_\_, years experience: \_\_\_\_\_

2. Is there 24 hour supervision of the facility?  Yes  No? Please explain the supervision: \_\_\_\_\_

3.  Yes  No Are emergency numbers clearly posted?  
 Yes  No Are Safety and Barn rules posted at the facility?  
 Yes  No Is game hunting permitted on the premises?  
 Yes  No Are 'no smoking' signs clearly posted?  
 Yes  No Are there smoke alarms in your barn?  
 Yes  No Are State Equine Liability signs clearly posted (if applicable)?  
 Yes  No Do you have all clients sign a current waiver? (Enclose sample copies of all waiver forms)  
 Yes  No Are shoes with heels required for all riders?

4. Are ASTM or equivalent helmets required while mounted? **(check box below)**

- By Everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping and/or doing speed work
- Only 18 and under while jumping and/or speed work
- Never required. Why? \_\_\_\_\_

Are any other safety procedures or gear used? \_\_\_\_\_

5. Do you lease any part of any building or land to or from someone? If yes, please explain: \_\_\_\_\_

6. Fencing: Is all fencing in good condition? Yes No. Type of fencing used: \_\_\_\_\_

How often is the fencing checked? Daily Weekly Monthly Never

Has an animal ever escaped? If so, please explain: \_\_\_\_\_

**SUMMARY OF HORSES AT PEAK SEASON**

Check If No Exposure

*If horse is used for more than 1 activity, count only primary use*

	Receipts (\$)	Payroll (\$)	Number Owned	Number Non-Owned
Rentals/Trail Rides				
Riding Instructions				
Breeding (Stallions _____ Mares _____)				
Personal Horse (Pleasure _____ Show _____)				
Race Horses (in training or at track)				
Sales prep or conditioning				
Yearlings/Weanlings				
Boarded/Pastured				
Any other use: _____				
<b>Totals:</b>				

What is area of Barns: \_\_\_\_\_, Stables: \_\_\_\_\_, Indoor Arenas: \_\_\_\_\_, Outdoor Arenas: \_\_\_\_\_

Are any apartments over or attached to barn or farm buildings? Yes No

Number: \_\_\_\_\_ Tenant: \_\_\_\_\_ Employee: \_\_\_\_\_

**BOARDING/BREEDING/TRAINING**

Check If No Exposure

1. What is the maximum number of horses boarded? \_\_\_\_\_; Monthly boarding rate \$ \_\_\_\_\_  
Annual Gross Receipts \$ \_\_\_\_\_
2. What is the maximum number of non-owned horses in show training? \_\_\_\_\_  
Monthly training rate \$ \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
3. What is the maximum number of non-owned breeding stallions? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
4. What is the maximum number of non-owned mares? \_\_\_\_\_  
Do mares stay on your premises until after foaling? Yes No
5. What is the maximum number of non-owned racehorses or racehorses in training? \_\_\_\_\_

6. Maximum number of non-owned racehorses you train for others? \_\_\_\_\_; Annual gross receipts \$ \_\_\_\_\_
7. Do you sell horses as an agent for others?  Yes  No  
 How many horses do you sell annually that are: owned by you? \_\_\_\_\_; owned by others? \_\_\_\_\_  
 Average value of horses sold and owned by you \$ \_\_\_\_\_; owned by others \$ \_\_\_\_\_  
 Do you sell horses at the Insured Location on Page 1?  Yes  No  
 Do you allow buyers to ride the horse prior to purchasing?  Yes  No
8. Do you desire coverage for non-owned horses in your Care, Custody and Control?  Yes  No  
**(Separate application required)**

\_\_\_\_\_  
 (please initial)

## EQUESTRIAN RIDING INSTRUCTION

Check If No Exposure

1. Number of years experience as a riding instructor: \_\_\_\_\_  
 Do you hold any national officiating/judging/and/or instructors licenses?  Yes  No  
 If yes, give details and competition experience: \_\_\_\_\_  
 \_\_\_\_\_
2. Maximum number of school horses available: \_\_\_\_\_; Maximum number used at one time: \_\_\_\_\_  
 Yearly gross receipts \$ \_\_\_\_\_ for riding instruction on school horses.
3. Do you give instructions to students on their own horses?  Yes  No  
 If yes, number of students per week: \_\_\_\_\_; Yearly gross receipts \$ \_\_\_\_\_
4. What riding discipline do you instruct? \_\_\_\_\_
5. Do you attend off-premises shows with any of your students?  Yes  No  
 How many times a year? \_\_\_\_\_; Gross annual receipts \$ \_\_\_\_\_
6. Do you hold clinics for non-students?  Yes  No, how many? \_\_\_\_\_, average attendance: \_\_\_\_\_  
 What are the dates? \_\_\_\_\_; Gross receipts \$ \_\_\_\_\_
7. Do you operate a day camp or an overnight camp?  Yes  No; Yearly gross receipts \$ \_\_\_\_\_  
**If answered yes, a Camp Supplement Form must be completed and submitted prior to quoting.**
8. Do you provide riding for the handicapped?  Yes  No; If yes, annual gross receipts \$ \_\_\_\_\_  
 Are sidewalkers used?  Yes  No  
 Is your facility accredited by the Professional Assoc. of Therapeutic Horsemanship Intl. (PATH)?  
 Yes  No  
 If you answered no, is your facility a member of PATH?  Yes  No  
 Total number of students/lessons per week: \_\_\_\_\_; How many weeks per year? \_\_\_\_\_  
**NOTE – Answer the following if different from #2 above:**  
 Maximum number of horses available for the handicapped \_\_\_\_\_; Maximum number used at one time:  
 \_\_\_\_\_
9. Do you desire Equine Professional Liability Coverage?  Yes  No

## INDEPENDENT TRAINERS AND INSTRUCTORS

Check If No Exposure

1. Do independent trainers utilize your facility?  Yes  No
2. Do all independent trainers carry their own insurance?  Yes  No

**IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.**

3. How many horses are provided for lessons by independent instructors: \_\_\_\_\_; gross receipts \$ \_\_\_\_\_
4. Gross receipts for instructions to students on their own horses \$ \_\_\_\_\_
5. Number of boarded horses trained by independent trainers: \_\_\_\_\_

**NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
 Any licenses or certificates for training?  Yes  No, if yes, give details: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
 Any licenses or certificates for training?  Yes  No, if yes, give details: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Age: \_\_\_\_\_, years experience in current class instructing: \_\_\_\_\_  
 Any licenses or certificates for training?  Yes  No, if yes, give details: \_\_\_\_\_

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**PREMISES SALES OPERATIONS BY YOU**

Check if no exposure

Horses: Types and Breed: \_\_\_\_\_ Maximum Number Sold Annual: \_\_\_\_\_  
 Method of sales: \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_  
 Food or snack bar: \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_  
 Tack and/or clothing: \_\_\_\_\_ Receipts: (\$) \_\_\_\_\_  
 Do you repair or manufacture tack?  Yes  No  
 Do you cut and bale?  Yes  No If 'Yes', please provide receipts(\$) \_\_\_\_\_  
 Do you prepare or mix feed?  Yes  No If 'Yes', please provide receipts:(\$) \_\_\_\_\_  
 Any horseshoeing?  Yes  No If 'Yes', please explain: \_\_\_\_\_ Annual Receipts(\$) \_\_\_\_\_

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**CARRIAGE RIDES/PONY RIDES/TRAIL RIDES**

Check if no exposure

Do you conduct carriage, hay or sleigh rides?  Yes  No; If yes, what are the annual receipts? \$ \_\_\_\_\_  
 Do you conduct pony rides?  Yes  No; If yes, what are the annual receipts? \$ \_\_\_\_\_  
 Do you operate a trail ride business?  Yes  No

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**SHOWS**

Check if no exposure

1. Total number of show dates: \_\_\_\_\_; gross annual receipts \$ \_\_\_\_\_  
 Average number of competitors on grounds per show day: \_\_\_\_\_  
 Maximum number of spectators per day: \_\_\_\_\_; list actual show dates: \_\_\_\_\_  
 Number of years hosting shows: \_\_\_\_\_; years hosting at this location: \_\_\_\_\_  
 Are shows sanctioned?  Yes  No; By Who? \_\_\_\_\_  
 If no, name any other National Organization that sanctions the shows: \_\_\_\_\_  
**Do you secure releases from all entrants?  Yes  No (If yes, please attach a sample copy)**  
**Do you have an EMT present at all shows & clinics?  Yes  No**  
**If yes, do you obtain proof of insurance or a certificate of insurance from the EMT?  Yes  No**
2. Do you manage any hunts or racing events?  Yes  No; if yes, please describe: \_\_\_\_\_
3. Do you desire coverage for use of your golf cart(s) used for your "equine activities?  Yes  No  
 Number Golf Carts? \_\_\_\_\_
4. Do you own/use any hounds for hunts?  Yes  No; if yes, how many hounds? \_\_\_\_\_



5. If any shows involve rodeos, please describe type of events: \_\_\_\_\_  
 \_\_\_\_\_
6. Describe any other type of events or operations that are not mentioned above: \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES, RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.**

DESCRIBE ANY SPECIAL SAFETY FEATURES OR PROGRAMS ABOUT ANY OF YOUR OPERATIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APART FROM OPERATIONS MENTIONED ABOVE, PLEASE LIST AND EXPLAIN FULLY ANY OTHER OPERATIONS CONDUCTED ON PREMISES OR UNDER YOUR NAME AS LISTED ON THIS APPLICATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPERIENCE – 3 YEARS**

Company	Premium	Policy Number	Dates	Number of Claims	Losses

Explain any losses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been cancelled or non-renewed in the past 3 years?  Yes  No If 'Yes', please give reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE NOTE THE FOLLOWING:

- 1) All Applications Must Be Signed And Dated By The Applicant – See Page 10**
- 2) Turn To Page 11 – All Buildings To Be Insured Must Be Shown On This Page**
- 3) Turn To Page 12 – Only Coverages Checked Off On This Page Will Be Considered For Quoting. (Certain Coverage(s) May Not Be Available In All States Or Eligible For Certain Risks.**

Agent's Use Only	
How long have you known the applicant? _____	When were the premises last inspected by your agency? _____
Please note any additional information about the risk (attach a separate sheet if necessary): _____ _____	
Agent's Signature: _____	Date: _____

## FRAUD NOTICES AND APPLICANT'S SIGNATURE

**STANDARD:** 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

Date	Signature of Applicant
Date	Signature of Applicant



**CHECK EACH COVERAGE YOU ARE APPLYING FOR. CERTAIN COVERAGE MAY NOT BE AVAILABLE IN ALL STATES OR NOT ELIGIBLE FOR CERTAIN RISKS. SOME STATES MAY HAVE SPECIAL FORM VERSIONS FOR COVERAGE BEING REQUEST**

**COVERAGE OPTIONS FOR PROPERTY**

- FP 00 12 Farm Dwellings, Appurtenant Structures, And Household Personal Property
- FP 00 13 Farm Personal Property
- FP 00 14 Farm Barns, Outbuildings, And Other Farm Structures
- FP 04 02 Sump Overflow And Water Backup From Sewers And Drains (Coverages A, B, and C Only)
- FP 04 07 Increased Special Limits on Specified Household Personal Property (Coverage C)
- FP 04 08 Farm Computer Coverage
- FP 04 09 Increased Special Limits on Business Property
- FP 04 36 Replacement Cost – Household Personal Property
- FP 04 50 Additional Insured – Farm Property
- FP 04 61 Scheduled Personal Property
- FP 04 67 Scheduled Glass
- FP 04 75 Unoccupancy and Vacancy Permit
- FP 05 59 Identity Fraud Expense Coverage
- FP 12 10 ACV – Dwellings and Appurtenant Structures
- FP 12 11 Loss Payable Provisions
- FP 75 00 Ordinance or Law / Coverage A & B
- FP 75 02 Coverage Enhancements & Increased Limits – Coverage B & C
- FP 75 03 Changed Limits of Insurance – Coverage E & F
- FP 75 06 Dwelling and Farm Building Replacement Cost Protection
- CL FP 01 06 Equipment Breakdown Coverage

**COVERAGE OPTIONS FOR LIABILITY**

- FL 00 20 Farm Liability Coverage
- FL 04 06 Additional Residence Rented To Others
- FL 04 07 Additional Insured & Residence Premises
- FL 04 32 Additional Insured – Exwcutors, Administrators, Trustees, or Beneficiaries
- FL 04 50 Additional Insured – Farm Liability
- FL 04 71 Owned Snowmobile Coverage
- FL 04 83 Watercraft
- FL 10 07 Exclusion – Products and Completed Operations
- FL 75 01 Care, Custody, Or Control (Legal Liability Coverage On Non-Owned Horses) – Separate Application Required
- FL 75 02 Additional Insured – Specified Party
- FL 75 16 Equestrian Professional Liability Coverage
- FL 75 17 Motorized Golf Carts used for “Equine Activities”

**WOOD/COAL BURNING DEVICE QUESTIONNAIRE**

Name of Insured	Policy Number	Today's Date
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We appreciate your business. When a wood burning stove is present in a home, we have special requirements that must be met. Please complete this questionnaire so that we may determine if your wood stove meets our requirements. Thank you

- |   |  |
|---|--|
| <p>1. Type of stove:</p> <p>_____ Free Standing Stove</p> <p>_____ Fireplace Insert</p> <p>_____ Pellet Stove</p> <p>_____ Wood Furnace Add-On</p> <p>_____ Other: _____</p> <p>Name of Stove: _____</p><br><p>2. Who installed you stove?</p> <p>_____ Dealer</p> <p>_____ Professional Heating Contractor</p> <p>_____ Local Handyman</p> <p>_____ Self</p> <p>_____ Other: _____</p><br><p>3. Is your stove and stovepipe or chimney cleaned annually and will you continue to do so in the future?</p> <p>_____ Yes</p> <p>_____ No *</p> <p>_____ Last date cleaned: _____</p> <p>_____ By whom? _____</p><br><p>4. Are there any other heating devices vented into the chimney and/or stovepipe used for your wood stove?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Is your wood stove installed at the distances from your combustible walls, ceilings, furniture and draperies as recommended by the manufacturer?</p> <p>_____ Yes</p> <p>_____ No</p> <p>_____ Don't know</p> <p>What is closest distance from stove to any combustible surface (wall, floor or ceiling)?</p> <p>_____</p><br><p>6. Are fire/smoke detectors located on the same level of the home as the wood stove?</p> <p>_____ Yes</p> <p>_____ No</p><br><p>7. What source of heat other than wood or coal is in your home?</p> <p>_____ Oil Furnace</p> <p>_____ Natural Gas Furnace</p> <p>_____ Liquid Propane Gas Furnace</p> <p>_____ Electric Furnace/Heat Pump</p> <p>_____ Kerosene</p> <p>_____ Solar</p> <p>_____ Radiant/Hot Water</p> <p>_____ Space Heater</p> <p>_____ No Other Heat but Wood</p> |
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\* If answer to #3 is no, please provide details of your cleaning schedule. Include the name and phone number of the person who cleans your stove: \_\_\_\_\_

**NOTE: PLEASE REMEMBER TO ATTACH A PHOTOGRAPH OF THE WOOD STOVE TO THIS FORM.**

I warrant that all of the information provided above is complete and accurate.	
_____ Signature of Named Insured	_____ Date
I have assisted the insured in the completion of this form and believe the answers to be true and accurate. I witness that the above signature is the signature of the insured.	
_____ Signature of Witness	_____ Date