

**GREAT AMERICAN INSURANCE COMPANY**  
**FARM RENEWAL POLICY REVIEW**

Associations Underwriters Inc.  
1430 Warehouse Road Westminster, Md. 21158  
Phone: (800) 822-2202 Fax: (410) 871-9748

Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
\_\_\_\_\_ Renewal Date: \_\_\_\_\_  
\_\_\_\_\_

Payment Plan:  
Agency Bill A \_\_\_\_\_ S \_\_\_\_\_ Q \_\_\_\_\_

**Please answer all questions completely (front and back)**

**FARM PROPERTY:**

1. Have you purchased any additional locations or acreage? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

2. Have you built any new buildings that you wish to insure? If so, Please give description, building class, year built, construction, dimensions and what the building is used for and if they are heated and/or store hay. Please attach color photos (front and rear) of the new building: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Have you purchased and new machinery or equipment that you wish to insure? If so, Please answer the following:

A) Year: \_\_\_\_\_ D) Serial Number: \_\_\_\_\_  
B) Model: \_\_\_\_\_ E) Present Value: \_\_\_\_\_  
C) Make: \_\_\_\_\_

4. Have you purchased any new tack items that you wish to insure? If so, Please describe and give present values: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Have you purchased and new items of jewelry, furs, cameras, etc. that you wish to insure? If so, Please describe and give values: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FARM LIABILITY:**

1. Please describe your equine operations:

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2. Describe any non-equine operations:

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3. What is your annual payroll for equine operations? \_\_\_\_\_  
Annual Receipts? \_\_\_\_\_

**OWNED HORSES:**

*List each horse only once!*

1. How many horses do you own or lease for your own use? \_\_\_\_\_
2. How many are used for riding instructions? \_\_\_\_\_
3. How many are used for breeding? Number of mares \_\_\_\_\_ Number of stallions \_\_\_\_\_
4. How many are used for pleasure riding? \_\_\_\_\_
5. How many are used for showing? \_\_\_\_\_
6. How many are in race training? \_\_\_\_\_
7. How many are actually racing at the track? \_\_\_\_\_
8. Sales Prep? \_\_\_\_\_
9. Yearlings and/or weanlings? \_\_\_\_\_
10. Any other use? \_\_\_\_\_ Please describe: \_\_\_\_\_

**NON-OWNED HORSES:**

*List each horse only once!*

1. How many NON-OWNED horses are on your premises at any one time? \_\_\_\_\_
2. How many are there for straight boarding? \_\_\_\_\_
3. How many are there for breeding only? \_\_\_\_\_
4. How many are there for training? \_\_\_\_\_

**RIDING INSTRUCTION:**

1. Number of riding instruction students per week, by you or employees? \_\_\_\_\_
2. Number of lessons per week given by Independent Instructor(s)? \_\_\_\_\_
3. Number of Independent Instructors or trainers operating on your premises? \_\_\_\_\_  
(A Certificate of General Liability insurance is required from each independent)

**HORSE SHOWS:**

1. Please give brief description of shows:
  - A) Type of show: \_\_\_\_\_
  - B) Number of days per show: \_\_\_\_\_
  - C) Number of participants: \_\_\_\_\_
  - D) Number of spectators: \_\_\_\_\_
2. Number of anticipated Horse Shows sponsored by you on your premises? \_\_\_\_\_

**HORSE CLINICS:**

1. Please give brief description of clinic:
  - A) Type of clinic: \_\_\_\_\_
  - B) Number of days per clinic: \_\_\_\_\_
  - C) Number of participants: \_\_\_\_\_
2. Number of anticipated Clinics you will hold on your premises for non-students? \_\_\_\_\_

**HORSE CAMPS:**

*There is a separate Camp Supplement Form that needs to be completed*

1. Do you hold day camps? \_\_\_\_\_
2. How many weeks is the camp in session? \_\_\_\_\_
3. How many campers attend per day? \_\_\_\_\_

**MISCELLANEOUS:**

Do you give Pony Rides, Rent Horses for public riding, offer Trail Rides to non-boarders, give Hay Rides, Sleigh Rides or Carriage Rides? \_\_\_\_\_

Signature: \_\_\_\_\_  
Agents Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

## INSURANCE FRAUD WARNING

### Applicant's Initials:

- \_\_\_\_\_ Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- \_\_\_\_\_ Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- \_\_\_\_\_ Michigan: Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine up to \$5,000,000.
- \_\_\_\_\_ Minnesota: 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.
- \_\_\_\_\_ New York: **All insurance applications and claim forms except auto:**  
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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- \_\_\_\_\_ Ohio: Any person who, with the 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.
- \_\_\_\_\_ Oklahoma: **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.
- \_\_\_\_\_ Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

## FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested ----- and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_