



A Berkley Company, U-W Office: 3655 North Point Parkway, Suite 430, Alpharetta, GA 30005, (866) 298-5525

EQUINE FARM APPLICATION

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

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

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/operations? _____
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 renovations and/or improvements: _____
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 main dwelling occupied year round? Yes No If no, please provide details: _____
12. 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

Construction: FR = Frame, MA = Masonry, NC = Non-Combustible

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

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

Limits of Insurance * 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	Company Use Prot. Class

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

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

Construction: FR = Frame, MA = Masonry, NC = Non-Combustible

Cause of Loss: Basic or Broad or Special

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.	Type Heat	RC or ACV	Year Built	Co. Use Prot. Class

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

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

DEDUCTIBLE: \$500 \$1,000 \$2,500

Is a wood burning device used in any of the dwelling(s)? Yes No. *If yes, complete the Woodstove Questionnaire and attach photo.*

Outdoor radio and TV antennas / satellite dishes (Limit \$500)
 Dish 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					

Insurance \$	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
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 Use (Pleasure/Show)				
Race Horses (in training or at track)				
Sales prep or conditioning				
Yearlings/Weanlings				
Boarded/Pastured				
Any other use: _____				
Totals:				

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 fully accredited by the North America Handicapped Riding Association (NAHRA)?
Yes No
If you answered no, is your facility a member of NAHRA? 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
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.

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: _____

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

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

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

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(\$) _____

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

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): _____

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
- 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 – Excutors, 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)
- 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>
<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>
<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>
<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 style="padding-left: 40px;">What is closest distance from stove to any combustible surface (wall, floor or ceiling)?</p> <p style="padding-left: 40px;">_____</p>
<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>
<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> |
|---|--|

* 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