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CARE, CUSTODY OR CONTROL COVERAGE APPLICATION

THIS IS NOT A BINDER

Effective Date: From _____ to _____	<input type="checkbox"/> BILL TO THE AGENT <input type="checkbox"/> BILL TO THE INSURED	Agent: Global Insurance Alliance, Inc. Agent Number: 8000
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Your Name: (As it will appear on the policy)		List the location(s) where coverage is effective if different from the mailing address: 1. _____ 2. _____	
Your Mailing Address: (Number and Street)	(City, State and Zip Code)		
Your Telephone Number () _____ <input type="checkbox"/> DAY <input type="checkbox"/> EVENING	Your Facsimile Number () _____	Business Operation (check all those that apply): Stable Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Boarding <input type="checkbox"/> Breeding Farm <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify: _____	

LIMITS OF LIABILITY AND RATES - (Check only one)

Rates include incidental Transit only. Contact your agent for any additional premium charge

<input checked="" type="checkbox"/>	Limits (per horse)	Maximum loss (per policy year)	Premium*	Comments
	\$200,000	\$500,000	\$1,925	
	\$150,000	\$400,000	\$1,675	
	\$100,000	\$300,000	\$1,100	
	\$75,000	\$300,000	\$1,000	
	\$50,000	\$250,000	\$880	
	\$25,000	\$250,000	\$600	
	\$20,000	\$200,000	\$525	

<input checked="" type="checkbox"/>	Limits (per horse)	Maximum loss (per policy year)	Premium*	Comments
	\$10,000	\$150,000	\$440	
	\$10,000	\$100,000	\$385	
	\$5,000	\$50,000	\$330	\$8 extra for each additional horse added after the first 20
	\$5,000	\$25,000	\$275	\$8 extra for each additional horse added after the first 20
	\$2,500	\$25,000	\$220	\$8 extra for each additional horse added after the first 20
	\$2,500	\$12,500	\$195	\$8 extra for each additional horse added after the first 20

*All premiums subject to a 20 horse maximum. Add \$15 extra for each additional horse after the first 20 UNLESS OTHERWISE NOTED IN THE COMMENTS SECTION

1. How many years have you been in business? _____
2. Do you own or lease stables? _____ If you lease, who is responsible for building and fence repairs? _____
3. How many stables are on the premise(s)? _____ Total Stalls? _____
4. What is the construction of the stables? _____
5. Are the following present in each stable:

a. Sprinklers? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. Smoke Alarms? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Lightning rods? <input type="checkbox"/> YES <input type="checkbox"/> NO	e. Fire Alarms? <input type="checkbox"/> YES <input type="checkbox"/> NO
c. Fire Extinguishers? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are the stables over 25 years old? **Y N** If yes, when was the electrical wiring last checked by an electrician? _____
7. What type of fencing is used in pastures, paddocks and runs? _____
8. How often is fencing checked for damage? _____
9. Are shelters provided in runs and pastures? **Y N**
10. Please provide us with the following information regarding your regular Veterinarian:

a. Name: _____
b. Address: _____
c. Telephone Number: _____

- d. How often is he/she on the premise(s)? _____
11. Do you transport horses for others? **Y N** If yes, answer the following:

a. Maximum number of trips per year: _____
b. Maximum number of animals per trip: _____
c. Maximum distance one way: _____
d. What type of trailer do you own? _____
e. What is the age of the trailer: _____
f. How many people go on each trip? _____
12. What is/are the breed(s) of animals on this property? _____
13. List all uses for the animals on this property: _____
14. What is the number of non-owned animals in your care?
 (Minimum/Maximum) _____ / _____
 Their combined values? (Minimum/Maximum) _____ / _____
15. Describe any losses, suits, or potential claims in the past three years. List any deaths of animals in your care, custody or control even if a claim was not presented or paid. _____



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FRAUD WARNING NOTICES

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 ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 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.

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 WHICH 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
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