

# Care, Custody and Control

**EXCLUSIVELY UNDERWRITTEN BY  
AMERICAN EQUINE  
INSURANCE GROUP**



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Desired Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Business Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*Please give location if different from above.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Last Year's Premium: \$ \_\_\_\_\_

Does Insured:  Own  Lease *Ownership:*  Individual  Corporation  Association  Partnership

Pay Plan Desired?  Yes  No  Two-Pay  Three-Pay  Four-Pay **(Broker must submit Payment Plan sheet with request to bind.)**

Has the applicant had any liability claims or reported incidents in the past three years? Yes  No

Has coverage been denied and/or cancelled in the last three years: Yes  No

*Attach a separate sheet to explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid.*

The rates below include "Transportation Coverage" for transportation of non-owned horses in your care while in the Continental U.S. and Canada.  
**(Excludes Licensed Commercial Haulers.)**

Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.  
*Select from the limits below. Premiums shown are for up to 20 horses.*

|                              | Maximum Limit Per Horse | Aggregate Limit Per Year | Annual Base Premium | Per horse over 20 horses |
|------------------------------|-------------------------|--------------------------|---------------------|--------------------------|
| <input type="checkbox"/> 1)  | \$5,000                 | \$25,000                 | \$350.00            | \$5.00                   |
| <input type="checkbox"/> 2)  | \$5,000                 | \$50,000                 | \$425.00            | \$8.00                   |
| <input type="checkbox"/> 3)  | \$10,000                | \$50,000                 | \$450.00            | \$9.00                   |
| <input type="checkbox"/> 4)  | \$10,000                | \$100,000                | \$525.00            | \$10.00                  |
| <input type="checkbox"/> 5)  | \$15,000                | \$100,000                | \$550.00            | \$13.00                  |
| <input type="checkbox"/> 6)  | \$25,000                | \$100,000                | \$600.00            | \$15.00                  |
| <input type="checkbox"/> 7)  | \$25,000                | \$250,000                | \$675.00            | \$17.00                  |
| <input type="checkbox"/> 8)  | \$25,000                | \$300,000                | \$775.00            | \$18.00                  |
| <input type="checkbox"/> 9)  | \$50,000                | \$300,000                | \$1,200.00          | \$20.00                  |
| <input type="checkbox"/> 10) | \$100,000               | \$300,000                | \$1,400.00          | \$25.00                  |
| <input type="checkbox"/> 11) | \$100,000               | \$500,000                | Submit for Quote    |                          |
| <input type="checkbox"/> 12) | \$250,000               | \$500,000                | Submit for Quote    |                          |
| <input type="checkbox"/> 13) | \$500,000               | \$1,000,000              | Submit for Quote    |                          |

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No   
*(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)*

Average number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody & Control (Breeding, Boarding, Training, etc.): \_\_\_\_\_

Are your horse trailers in good repair and on a proper maintenance program: Yes  No

How often and for what reasons do you transport horses for others: \_\_\_\_\_

Describe precautions taken to keep horse(s) from having access to public roads: \_\_\_\_\_

**I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the policy limit for settlement.**  
 I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. **No coverage provided for Race Horses and/or Horses in Race Training.**

*(Must be signed and dated)*

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_