



AGENCY, INC.

PLAMP - KEEN AGENCY, INC.
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LOUISVILLE, KENTUCKY 40255-0039
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(800) 626-2494
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Agency Code: 3157001

Farmowners
Renewal Questionnaire

Form with fields: Insured/DBA, Policy No., Date of Renewal, Telephone Numbers, Home, Work, Fax, Email Address, Farm's Website Address.

I. Property Section - If you are not adding or deleting property, check this box & go to Section II ->

- 1. Have you made any additions to the insured dwellings, barns, or buildings?
2. Have any new buildings been added that you wish to insure?
3. What was the total cost of the building or addition?
4. Have you acquired personal valuable articles that you wish to schedule?
5. Have you acquired farm personal property that you wish to schedule?
6. Are there any other additions or deletions to be made to your coverage?

II. Liability Section: Farm Personal or Commercial Farm

Occurrence Limit: \$

Read this section. If there are no changes in your farm operation, check this box and go to Section III ->

- 1. Has there been any changes in occupancy of the residence, dwelling, or structures?
2. Have you acquired additional land?
3. Describe fully any (non-farming) business operations conducted on the premises:
4. Describe type of farming, including all related operations. Gross Receipts: \$
5. Describe any custom farming, including all related operations. Gross Receipts: \$
6. Describe any livestock operations (other than horses), including average number of head and range acres:
7. Describe any recreational vehicles and their use:
8. Do you have any farm employees? Do you carry workers compensation coverage?

III. Horse Farm Section: Private &/or Commercial Liability

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS THAT ARE APPLICABLE. WRITE "NONE" OR "0" IF NO EXPOSURE. DO NOT LEAVE SPACES BLANK. ALL OPERATIONS MUST BE DECLARED. ATTACH A SEPARATE PAGE IF MORE SPACE IS NEEDED.

If you do not own any horses and are not involved in any horse activities or stable operation, check this box and go to section IV →

Summary – At peak season. Account for each animal only once below based on primary use

Horse Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1. a. Owned horses used for instruction.....	_____	1. Boarding/pasturing.....	_____
b. Boarded horses used for instruction.....	_____	2. Show training.....	_____
2. Show &/or pleasure.....	_____	3. Racing &/or race training.....	_____
3. Racing &/or race training.....	_____	4. Breeding (Mares_____, Stallions_____)....	_____
4. Breeding (Mares_____, Stallions_____)....	_____	5. Foals/Weanlings.....	_____
5. Foals/Weanlings.....	_____	6. Retired &/or lay-ups.....	_____
6. Retired &/or lay-ups.....	_____	7. Consignment for Sale (Breed:_____)....	_____
7. For Sale (Breed:_____).....	_____	8. Other (Describe:_____).....	_____
8. Other (Describe:_____).....	_____		
All Owned horses MUST be declared		Total (Lines 1-8)	<input type="text"/>
Total (Lines 1-8)	<input type="text"/>		
9. Numbers of carts, buggies, carriages, etc.....	_____	9. Total Number of stalls on your premises.....	_____
Describe Use:_____		10. What is the maximum number of horses, owned and non-	
		owned that can be kept on your premises ?.....	_____

Riding Instruction – Clinics: (Breakdown Annual Gross receipts for the following categories.)

1. Handicapped Program: Number of lessons/week....	_____	Gross Receipts.....	\$ _____
2. Maximum number of school horses available.....	_____	Maximum number of school horses used at once..	_____
3. Receipts for instruction on school horses.....	\$ _____	Receipts for instruction to students on their own horses....	\$ _____
Average number of lessons per week.....	_____	Average number of lessons per week.....	_____
4. Receipts for attending off-premises shows with students on schools horses.....	_____	*Receipts for day camp activities.....	\$ _____
		Total Number of campers.....	_____
5. Number of clinic days for non-students.....	_____	Provide clinic dates:_____	
6. Receipts earned by independent instructors:: On school horses \$ _____		On student owned horses: \$ _____	
7. Provide the name and address of independent instructors to be covered on this policy. (Must be 18 years of age or older.) Advise the number of years experience for each. If more space is needed, attach a separate page. Attach a copy of their release if not already on file with the company. _____			

* The company may request additional information with respect to camp activities

Horse Shows and other miscellaneous information: (Attach a separate page if more space is needed)

Prior notification is required for all public event days.

- Number of public event / show days held on premises:_____ Number of participants per show:_____
- If AHSA, provide competition number:_____ Dates when spectators exceed 500 per day:_____
- If you are required to provide a certificate as proof of insurance, provide names and complete address of each:

4. If you request coverage for an additional insured, please submit name, complete address, and insurable interest for company approval.

5. Number of horses sold annually: _____ Gross receipts for tack shop: \$ _____

6. Are you obtaining release agreement/waivers from students and boarders? Yes No If applicable, do you post state equine liability warning signs? Yes No Do you hand out or post barn & safety rules? Yes No Are No Smoking signs posted? Yes No

7. Do you provide or conduct any of the following activities: pony rides, pony parties, hay, sleigh, or carriage rides; rental of horses to the public or pack trips? Yes No If yes, provide details: _____

Describe fully any other events/Activities conducted. (All operations must be declared.) _____

Section IV

If there are any material changes in your farming or stable operations during the policy year, please notify your agent at once.

No coverage will be provided for any activity that is not fully disclosed on this application.

The undersigned hereby applies for renewal of insurance coverage as set forth in the application and affirms that the statements and representations made here are to the best of his/her knowledge true.

Insured's Signature X	Date / /	Agent's Signature X	Date / /
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NOTE: I am interested in the availability of increased limits for the coverage checked below:

- \$10,000.00 Medical Payments to Others
- \$100,000.00 Fire Legal Liability
- General Aggregate Limit Equal to Triple Occurrence Limit

If you have **DECLINED** coverage for the legal liability of non-owned horses in your Care, Custody, or Control, your signature **REJECTING** coverage is required below.

Insured's Signature X	Date / /	Agent's Signature X	Date / /
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