



Farm/Ranch Insurance Quote Questionnaire

Full Name: _____

Farm Name: _____

Mailing Address: _____

Property Address (If different): _____

Home Ph: _____ Cell: _____

Work Ph: _____ Fax: _____

Email: _____

Website: _____

Name of Closest Fire Depart: _____ Distance From Property: _____

Is there a fire hydrant within 1000 ft of property? YES _____ NO _____

County Property is In: _____ # of Acres: _____

Is your Farm in a legal entity? (LLC, Inc., Trust, etc) YES _____ NO _____

Type of Entity: _____ Members / Officers & Titles: _____

Are you in a flood zone? YES _____ NO _____

Do you want flood insurance quote? YES _____ NO _____

DWELLINGS: *(please include photos of each exterior side of homes)*

1) Main Dwelling:

Year Built: _____ Year Updated and Updates: _____

Square Footage: _____ Est. Replacement Cost: _____

Type of Exterior Construction: _____

Type of Roof: _____ Age of Roof: _____

Type of Heating System: _____ Age of Heating System: _____

Type of Cooling System: _____ Age of Cooling System: _____

Is there a Central Station Alarm? _____ or Local Alarm? _____

Are there Smoke Alarms? _____ Wired or Battery: _____

2) Other Dwelling:

Year Built: _____ Year Updated and Updates: _____

Square Footage: _____ Est. Replacement Cost: _____

Type of Exterior Construction: _____

Type of Roof: _____ Age of Roof: _____

Type of Heating System: _____ Age of Heating System: _____

Type of Cooling System: _____ Age of Cooling System: _____

Is there a Central Station Alarm? _____ or Local Alarm? _____

Are there Smoke Alarms? _____ Wired or Battery: _____

If any dwelling is over 25 years old, please indicate when plumbing, heating/AC and wiring... Year and what was updated: _____

Is there a Mortgage on Property? _____ Mortgagee paid or escrowed: _____

Mortgage Company, Address, Loan #: _____

How Long Have You Been at this Location? _____ Year of Purchase: _____

FARM BUILDINGS: *(Please include photos of each exterior side of buildings and an interior aisle/indoor photo)*

Building #1: Use: _____ Year Built: _____

Square Footage: _____ Est. Replacement Cost \$: _____

Exterior Construction: _____ Wood Trusses or Steel Trusses: _____

Roof Material: _____ Age of Roof: _____

Smoke Alarm: _____ Wired or Battery: _____ Lightning Rods: _____

Fully Enclosed: _____ Any Improvements/ Yr? _____

of Stalls: _____ Size of Stalls: _____

Building #2: Use: _____ Year Built: _____
 Square Footage: _____ Est. Replacement Cost \$: _____
 Exterior Construction: _____ Wood Trusses or Steel Trusses: _____
 Roof Material: _____ Age of Roof: _____
 Smoke Alarm: _____ Wired or Battery: _____ Lightning Rods: _____
 Fully Enclosed: _____ Any Improvements/ Yr? _____
 # of Stalls: _____ Size of Stalls: _____

Building #3: Use: _____ Year Built: _____
 Square Footage: _____ Est. Replacement Cost \$: _____
 Exterior Construction: _____ Wood Trusses or Steel Trusses: _____
 Roof Material: _____ Age of Roof: _____
 Smoke Alarm: _____ Wired or Battery: _____ Lightning Rods: _____
 Fully Enclosed: _____ Any Improvements/ Yr? _____
 # of Stalls: _____ Size of Stalls: _____

Building #4: Use: _____ Year Built: _____
 Square Footage: _____ Est. Replacement Cost \$: _____
 Exterior Construction: _____ Wood Trusses or Steel Trusses: _____
 Roof Material: _____ Age of Roof: _____
 Smoke Alarm: _____ Wired or Battery: _____ Lightning Rods: _____
 Fully Enclosed: _____ Any Improvements/ Yr? _____
 # of Stalls: _____ Size of Stalls: _____

(Please copy this page if there are additional buildings to list more buildings.)

QUESTIONS:

Is Farm business your sole source of income? _____

Are you/spouse engaged in any other profession, business or trade: _____

If so, please describe: _____

Do you operate any other type of business from your farm property? _____

Brief Description: _____

Do you own or operate any additional farm properties, or own a seasonal property such as a vacation home? _____

Do you have: Swimming Pool: _____ Enclosed by a Fence: _____

Diving Board: _____ Slide: _____

Trampoline: _____

Do you use an ATV/UTV/Golf cart on property: _____ Driven off premise? _____

Year, Make, Model, Serial #: _____

Do you have: Dogs: _____ # and Type: _____

Personal Items: Do you have any personal items to schedule? (Jewelry, guns, coins, anything of high value). Please attach a list with description, current value.

Farm Machinery and Equipment: Year, Make, Model, Serial #, Value:

Tack and Equipment Value: \$ _____

HORSE OPERATION: *(Please send Boarding Contracts & Release of Liability)*

1) How many horses do you Personally Own/Lease? _____

Indicate #/Use:

Show/Pleasure: _____ How many taken off premise at one time? _____

Breeding: Stallions: _____ Stud Fee: _____ Mares: _____

Foals / Yearlings: _____

Lesson Horses: _____ How many taken off premise at one time? _____

How many lesson horses are used in a typical lesson? _____

Types of Horses/ Uses: _____

2) How many NON-OWNED horses are normally on your property: _____

Indicate # of each:

Boarding: _____ Normal Monthly Boarding Charge: _____

Training: _____ Normal Monthly Training Charge: _____

Breeding: _____ Typical annual breeding receipts: _____

Other: _____ # of Stalls Available on Premise: _____

3) Non-Owned Horse Values: (of horses on your property)

Minimum Value: _____ Average Value: _____ Maximum Value: _____

4) Is Boarding Full Care or Self Care: _____

5) Is there any temporary overnight boarding? _____ Explain: _____

6) Where are horses kept at night? Barn or pasture: _____

7) How do you dispose of animal waste? _____

8) What type of Fencing do you have: _____

9) How many years experience do you have caring for horses: _____

10) Are you the primary manager of facility? _____ If not, who is: _____

Manager's years experience: _____ Age of Manager: _____

Do you want Care, Custody & Control coverage? YES _____ NO _____

LESSONS / CLINICS / DAY CAMPS / HORSE OPERATION ACTIVITIES:

- 1) Do you give Riding Lessons? _____ # per week: _____
 Charge/Lesson \$ _____ Estimated Annual Revenue: \$ _____
 # of lessons on Client's horses per week: _____ # in lessons: _____
 # of lessons on school horses per wk: _____ # horses used per lesson: _____
 Who Gives Lessons: Self: _____ How many years experience teaching: _____
 Independent Instructor: Names: _____
 Age: _____ Years Experience Teaching: _____
 Does Ind. Instructor have their own insurance? _____
 Lessons: English: _____ Western: _____ Jumping: _____ other: _____
 What Safety Gear is Required: _____
- 2) Do you attend Off Premise Horse Shows with Students? _____
 # of Shows: _____ Gross Receipts: \$ _____
- 3) Do you hold Clinics on you property: _____ How Many: _____
 Average # of participants: _____ # Spectators: _____
 Who Teaches Clinics: _____
 Are outside clinicians required to provide proof of insurance: _____
 Gross Receipts:\$ _____
- 4) Do you have Day Camps: _____ # of Days: _____ Minimum Age: _____
 Describe Activities: _____
 Gross Receipts: \$ _____
- 5) Do you have Horse Shows: _____ # of Days: _____
 Avg # Participants: _____ # Spectators: _____
 Gross Receipts:\$ _____
 Concession Stand? _____ Gross Receipts \$ _____
 Dates if known: _____
- 6) Do you Sell Horses? _____ # per year: _____ Gross Receipts: _____
- 7) Do you Sell Tack and Clothing? _____ Gross Receipts: _____
- 8) Do you judge horse shows? _____ How many? _____
 Credentials/Certification: _____

9) Do you participate in Parades _____ How many? _____

10) Do you Trailer horses for other people? _____ # Horses per Trip: _____

Mileage Radius Per Trip: _____ Average # Trips Per Year: _____

Trailer: (Type and capacity): _____

11) Are there any other equine activities on your property not mentioned above:
(pony parties, etc) _____

12) How many years experience do have owning horses: _____

EMPLOYEES/ INDEPENDENT CONTRACTORS:

How many Employees or Independent Contractors do you have? _____

Full Time: _____ Annual Payroll: _____

Part Time: _____ Annual Payroll: _____

Who cares for the horses/farm when you are out of town? _____

CURRENT INSURANCE with: _____

Current Premium:\$ _____ **Renewal Date:** _____

Have you been "Cancelled" or "Non-Renewed" by an insurance company in the
last three years (and why)? _____

Have you had any claims or losses in the past three years? _____

Describe losses with date, type of claim, and approximate amount paid: _____

Signature: _____

Date: _____

Please fax back to 336-940-5475, or sign, scan and email.