



FARM INSURANCE RENEWAL QUESTIONNAIRE

Insured: _____ Policy No.: _____
_____ Renewal Date: _____

Please UPDATE: Email Address: _____

Please UPDATE: Phone Number: _____

Please answer all questions below:

FARM PROPERTY

1. Have you purchased any additional locations or acreage? If so, please describe.

2. Have you built any new buildings or added to any existing buildings that you wish to insure? If so, please give us the cost of construction, type of construction (frame, pole masonry, all steel), square footage, and what the building will be used for.

(Please send photos of your new building(s))

3. Have you purchased any new machinery or equipment that you wish to insure? If so, please give us the year, make, model, serial number and cost. _____

4. Have you purchased any new tack items that you wish to insure? If so, please describe and provide the cost of the items. _____

5. Have you purchased any new items of jewelry, furs or cameras that you wish to insure? If so, please describe and give values. _____

6. Has your Mortgage Company changed since last year? If so, please confirm the exact name and mailing address: _____

FARM LIABILITY

1. Please describe your equine operations. _____

2. Please describe any non-equine operations. (Weddings, Another Business Operation on premise, Office: _____

3. What are your: Annual Payroll for your equine operations: \$ _____
of Employees: Full Time: _____ Part Time: _____
Annual Gross Receipts for Equine Operation: \$ _____

4. How many horses do you own or lease for your own use: _____
How many are used for riding instruction: _____ # Used at One Time: _____
How many are used for breeding: No. of mares _____ No. of stallions _____
How many are used for pleasure riding: _____
How many are used for showing: _____
How many are in race training: _____
How many are actually racing at the track: _____
How many for sales prep: _____
How many are weanlings and/or yearlings: _____
Any other use: _____

5. How many non-owned horses are on your premises at any one time _____
How many for: Boarding: _____ Monthly Boarding Charge: \$ _____
Training: _____ Monthly Training Charge: \$ _____
Breeding: _____ Monthly Boarding Charge: \$ _____

6. Do you give pony rides, rent horses to the public, allow other people to ride on your property, give hay rides, sleigh rides or carriage rides? If yes, please describe _____

7. Are Riding Lessons given? _____ Are Therapeutic Lessons given: _____
per Week On Customer's Own Horses: _____ Cost Per Lesson: \$ _____
per Week On Lesson Horses: _____ Cost Per Lesson: \$ _____
(Certified therapeutic lessons need to be declared to be covered.)

If Therapeutic program, Who Certifies Program: _____
(Please return copy of current certification.)

How many lessons are given each week by Independent Instructors? _____
Names of Independent Instructors: _____
Do they have their own liability insurance? _____

8. Do you have horse shows on your premises? _____ Type of Shows: _____
of show days: _____ Dates already scheduled: _____
of participants: _____ # of spectators) _____
Anticipated Gross Receipts: \$ _____

(Note all show dates must be declared in order for coverage to be in effect)

9. Do you conduct clinics ON your premises? _____ Types of clinics: _____
of clinic days: _____ Dates Scheduled: _____
of participants) _____ # of Spectators: _____ Gross Receipts: \$ _____

(Note all clinic dates must be declared in order for coverage to be in effect)

10. Do you conduct clinics OFF premises? _____ Types of clinics: _____
of clinic days: _____ Dates Scheduled: _____
of participants: _____ # of Spectators: _____ Gross Receipts: \$ _____
Dates and Locations if known: _____

(Note all clinic dates must be declared in order for coverage to be in effect)

11. Do you have Summer Day Camps? _____ # of weeks: _____
Campers per week: _____ Minimum Age of Campers: _____ Gross Receipts: \$ _____
Are there any Non-Horse Activities: (describe) _____

Name _____ Date: _____

RQ 8.15

Please return the completed form via
email to LisaJones@starhinsurance.com,
Fax: 1-336-940-5475 or
mail to PO Box 2250, Advance, NC 27006.

Any questions please call your agent at 1-877-827-4480.