



# Farrier's Insurance Application

Better Options Insurance Services, LLC

Phone: (800) 264-7750 Fax: (562) 372-3669

Web site: [www.equine.boisinsure.com](http://www.equine.boisinsure.com) Email application to: [info@betteroptions.info](mailto:info@betteroptions.info)



**This coverage is intended to cover liability arising out of applicant's commercial farrier operation only. ALL OPERATIONS MUST BE DECLARED.**

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Broker Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Section 1 - Applicant Information

Desired Effective Date: \_\_\_\_\_

- a. Type of Ownership:  Corporation  Individual\*  Joint Venture  Limited Liability Company  
 Trust  Organization  Partnership  None
- b. \*If applicant is multiple individual names, what is the relationship of applicant(s):  Husband / Wife;  
 Parent/Child;  Siblings;  Other: \_\_\_\_\_
2. Names of corporate partners/officers: \_\_\_\_\_

### Section 2 - Prior 3 Year Property & Liability Insurance Information

(Must be completed in full - Past three years premium and loss history, including homeowners, renters and business insurance policies)

| Company | Effective Dates | Premium | No. of Claims | Amount Paid |
|---------|-----------------|---------|---------------|-------------|
|         |                 |         |               |             |
|         |                 |         |               |             |

1. Explain losses/incidents within the past 5 years with dates and details of loss on a separate sheet of paper.  None
2. a. Has applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
b. If yes, please explain: \_\_\_\_\_
3. Has the applicant ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_

### Section 3 - Coverage Information

| Choose One Liability Limit | Liability Limit – Occurrence / Aggregate | Care, Custody & Control Legal Liability | Owned Transportable Farrier Equipment Floater Limit<br>\$500 deductible per claim.<br>Please provide a schedule. | Minimum Premium is fully earned in the event of a cancellation. |
|----------------------------|--|---|--|---|
| <input type="checkbox"/>   | \$300,000occ / \$900,000agg              | \$5,000/\$25,000*                       | \$1,000*   | Min. Prem.: \$450   |
| <input type="checkbox"/>   | \$500,000occ / \$1,500,000agg            | \$10,000/\$50,000*                      | \$2,500*   | Min. Prem.: \$600   |
| <input type="checkbox"/>   | \$1,000,000occ / \$3,000,000agg          | \$25,000/\$100,000*                     | \$5,000*   | Min. Prem.: \$725   |

Care, Custody & Control/Legal Liability provides coverage arising from applicant's negligence resulting in injury to or death of horses applicant does not own in the applicant's care, custody and control as a result of the applicant's negligence as a Farrier. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

**\*If higher limits are desired, please indicate below: (Additional charges apply.)**

Care, Custody, & Control Limit : \$ \_\_\_\_\_

Transportable Equipment Limit : \$ \_\_\_\_\_

NOTE: Rates and Coverages May Not Be Available in All States.

## Section 4 - Farrier Services Information

1. All operations must be declared. Check all that apply.

If any of the operations listed below are being conducted by the applicant, complete a Commercial Equine Liability application and appropriate supplement(s)\*, located on our website at [www.equine.boisinsure.com](http://www.equine.boisinsure.com).

Operation(s):  No Other Operations  Hay/Sleigh Rides  Iron Works  Riding Instruction  
 Boarding/Breeding  Horse Sales  Pleasure  Rodeo\*  
 Clinics  Horse Show Vendor  Pony Rides\*  Racing  
 Sale of farrier equipment/products  Farrier Shows  Horse Show Sponsor  
 Training Race/Show  Other: \_\_\_\_\_

2. Does applicant service animals other than horses?  Yes  No

If yes, what type of animals:  cattle  goat  other: \_\_\_\_\_

3. a. Number of years of experience as a farrier: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

b. Did the applicant attend Farrier school?  Yes  No If yes, name of school: \_\_\_\_\_

c. Does applicant hold a certification?  Yes  No If yes, through what association: \_\_\_\_\_

d. Does applicant hold a farrier license?  Yes  No If yes, how long: \_\_\_\_\_

e. Number of years business has been established: \_\_\_\_\_

f. Is applicant a member of:  AFA;  BWFA;  Other: \_\_\_\_\_;  None

4. a. Average number of horses applicant works on each year: \_\_\_\_\_ (Count each horse only once.)

b. Total annual farrier receipts: \$ \_\_\_\_\_ c. Breed and discipline of horses: \_\_\_\_\_

5. a. Does applicant own horses?  Yes  No

If yes, how many and use: # \_\_\_\_\_ **and**  Pleasure;  Breeding;  Training;  Other: \_\_\_\_\_

b. Are they owned:  In Applicant's Individual Name;  In Applicant's Business Name;  Other: \_\_\_\_\_

c. Describe applicant's experience with horses: \_\_\_\_\_

6. How many horses, not owned by applicant, are stabled/pastured at applicant's premises? \_\_\_\_\_  None

7. Do additional insureds need to be added? (Liability only.)  Yes  No

Insurable Interest:  Owner of Premises  Government Entity  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

8. a. Does applicant operate the business from:  owned premises  leased premises  other: \_\_\_\_\_

applicant's vehicle (If from vehicle only, go to Question 10.)

b. Give physical location: \_\_\_\_\_  
Address City State Zip

c. Number of acres owned: \_\_\_\_\_ Number of acres leased: \_\_\_\_\_

d. Are there other operations conducted on premises?  Yes  No

e. If yes, describe: \_\_\_\_\_

9. a. Are safety rules posted? (Submit a copy.)  Yes  No

b. Are "No Smoking" signs posted? (Submit a photo.)  Yes  No

c. Is the equine law for applicant's state posted? (Submit a photo.)  Yes  No

10. a. Number of dogs owned by applicant? \_\_\_\_\_  None Are dogs taken with applicant on service calls?  Yes  No

b. Breed of dog(s): (If mixed, provide primary breed.) \_\_\_\_\_

c. Have there been any incidents of aggressive behavior, including biting?  Yes  No

d. Are dogs confined while work is being done?  Yes  No

11. a. Are horses shod in an area away from public or other horse traffic?  Yes  No

b. Describe restraint methods used while shoeing:  cross ties  live handler  other: \_\_\_\_\_

c. Describe other safety procedures applicant has in place: \_\_\_\_\_

## Section 5 - Farriers/Apprentices/Helpers

1. Does applicant employ additional certified or non-certified farriers, apprentices, helpers?  Yes  No
2. List **all** Farriers/Apprentices/Helpers. (Must be at least 18 years of age).
- a. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employee or  Independent *and*  Apprentice,  Helper, or  Farrier  
 Annual payroll: \$ \_\_\_\_\_  None  
 Number of years of experience: \_\_\_\_\_ Any license/certification:  Yes  No  
 Farrier's school?  Yes  No If yes, name of school: \_\_\_\_\_
- b. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employee or  Independent *and*  Apprentice,  Helper, or  Farrier  
 Annual payroll: \$ \_\_\_\_\_  None  
 Number of years of experience: \_\_\_\_\_ Any license/certification:  Yes  No  
 Farrier's school?  Yes  No If yes, name of school: \_\_\_\_\_
- c. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employee or  Independent *and*  Apprentice,  Helper, or  Farrier  
 Annual payroll: \$ \_\_\_\_\_  None  
 Number of years of experience: \_\_\_\_\_ Any license/certification:  Yes  No  
 Farrier's school?  Yes  No If yes, name of school: \_\_\_\_\_
3. Does applicant carry workers compensation?  Yes  No  
 (Note: This policy provides no workers compensation coverage.)

## Section 6 - Equipment/Tools/Supplies

1. Are all tools and equipment locked in the vehicle and/or trailer when not in use?  Yes  No
2. Total value of all owned transportable farrier equipment (excluding vehicle & trailer): \$ \_\_\_\_\_  
 (See Section 3 for policy limit.)
3. Is there a working alarm system on vehicle?  Yes  No If yes,  audible and/or  disabling?
4. Is there a working fire extinguisher with current inspection tag in vehicle?  Yes  No
5. a. Is applicant's vehicle and equipment parked in visible sight of applicant's work area?  Yes  No  
 b. If no, where is it parked: \_\_\_\_\_
6. a. Is there any other insurance in place covering applicant's owned transportable farrier equipment/supplies?  Yes  No  
 b. If yes, give limits and carrier: \_\_\_\_\_
7. Does applicant have a shop on premises?  Yes  No If yes, what is the square footage: \_\_\_\_\_
8. a. Does applicant sell farrier equipment and products?  Yes  No (No products liability provided.)  
 b. If yes, what kind of equipment and products? \_\_\_\_\_  
 c. What are the annual receipts? \$ \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### Authorization

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

| Signature | Date | Broker Signature<br>(if applicable) | Date |
|-----------|------|-------------------------------------|------|
|           |      |                                     |      |

How did you hear about Markel:  Magazine Ad  Referral  Convention  Web Site  Other: \_\_\_\_\_

Describe: Better Options Insurance Services, LLC - Professional Insurance Associates member

*Thank you for choosing Markel, The Insurance Company With Horse Sense<sup>®</sup>*