

APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES IN YOUR CARE, CUSTODY, OR CONTROL

AGENCY NAME DIETRICH & CO. EQUINE INS. SERVICES		WEBSITE www.dietrich-insurance.com
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THIS IS NOT A BINDER

- DIRECT BILL NEW BUSINESS – DESIRED EFFECTIVE DATE _____
 ACCOUNT CURRENT RENEWAL – EXPIRATION DATE _____ POLICY NO. CCC _____

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO. ()
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
CITY/STATE/ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.	

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU:	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS.
<input type="checkbox"/> OWN	IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.
<input type="checkbox"/> LEASE	_____
<input type="checkbox"/> RENT THE PREMISES?	_____
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____	
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____	
DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____	
DESCRIBE CONDITION OF FENCES:	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
DESCRIBE CONDITION OF STABLES:	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
OPERATIONS: <input type="checkbox"/> STABLE OWNER	<input type="checkbox"/> BOARDING <input type="checkbox"/> BREEDING <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER
Breed of animals _____	USE OF ANIMALS _____
DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____	
ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANY STABLE OVER 25 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____	

