

EZ Equine Quotes

Name: _____ Phone _____
Email _____ Fax _____

Mailing Address _____ Zip _____

Type of Equine Coverage Desired: (Check desired Coverage)

Private Horse Owner Liability _____ Boarding _____ Breeding _____ Racing _____

Usage of horses: _____

Care Custody & Control _____ Training _____ Horse Sales _____ Schools _____ Clinics _____

Number of horses owned _____ Number Boarded _____ Pasture _____ or Stable _____

Total Value of all horses Boarded _____

Gross receipts _____ (Training, clinic's, shows, sales)

Ferrier Services _____ (gross receipts) _____

Limit of Coverage requested: \$100,000 \$300,000 \$500,000 \$1,000,000

Animal Mortality: Type of Horse _____ Age _____ Limit of Coverage _____

Justification of Value: _____

Schools & Clinics: Number of Students _____ # of days per week _____ # instructors _____

Type of instruction: _____

Address of Operations: _____

Pony Rides _____ Carriage rides _____ Dude Ranch _____

Equine Tack Coverage: _____ Limit of Coverage desired: _____

Description of Items to be Insured: _____

Prior Insurance Carrier: _____ exp. Date _____

Premium _____

Any Claims last 5 years _____

K&M Henderson Insurance Services

Fax- 916-788-1991

Email: info@hendersoninsure.com

Phone: 916-788-8191