

QUOTE REQUEST FORM

For FARM, COMMERCIAL GENERAL LIABILITY & CARE CUSTODY OR CONTROL

OWNER'S INFORMATION

Owner's Name:		<input type="checkbox"/> Farm <input type="checkbox"/> General Liability <input type="checkbox"/> CCC	
Farm/Stable Name:			
Address:			
City:	State:	Zip Code:	
Mailing Address (if different from above):			
City:	State:	Zip Code:	
Phone Number:		Email:	
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Other _____			
Web Site:			
Date of Birth:	How did you hear about us?		
Current Insurance Carrier:		Expiration Date of Current Policy: / /20__	
Current Coverage:			
Losses in the last 5 years:			

BASIC PROPERTY INFORMATION

Dwelling Location:			
Insured Value:	Year Constructed:	Type of Construction:	
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Distant to Fire Department:	Distance to Fire Hydrant:	Tenant Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Barn Location:			
Insured Value:	Year Constructed:	Type of Construction:	
How many stories?	Do you store hay in this barn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open sheds attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Structure:		Location:	
Insured Value:	Year Constructed:	Type of Construction:	
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
How many stories?	Do you store hay in this structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open sheds attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Structure:		Location:	
Insured Value:	Year Constructed:	Type of Construction:	
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
How many stories?	Do you store hay in this structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open sheds attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Structure:		Location:	
Insured Value:	Year Constructed:	Type of Construction:	
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
How many stories?	Do you store hay in this structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open sheds attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMERCIAL LIABILITY

Riding Instruction (on School Horses)	Number of Horses Available:	Number of Horses used at one time:
Number of lessons per week:	Charge per lesson:	Do you teach year round? <input type="checkbox"/> Yes <input type="checkbox"/> No
Riding Instruction (Client Owned Horses)	Number of Horses Available:	Number of Horses used at one time:
Number of lessons per week:	Charge per lesson:	Do you teach year round? <input type="checkbox"/> Yes <input type="checkbox"/> No
Boarding	Number of non-owned horses boarded monthly:	Monthly Charge:
Are there any horses in training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly/Flat Rate per ride?:	
Clinics	How many?	Dates:
Training	How many horses?	What are your gross receipts?
Horse Shows	How many?	Dates:

EQUINE LIABILITY MAXIMUM/PEAK SEASON NUMBERS

OWNED HORSES USE	# OF OWNED HORSES	# OF BOARDED HORSES	
Riding Instruction		# OF NONOWNED HORSES IN TRAINING	
Pleasure/Show		# OF RACE HORSES	
Training			
Retired			

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