

**Equine Insurance Underwriters Ltd.**  
 Suite 106 – 3701 East Hastings Street, Burnaby, B.C. Canada V5C 2H6  
 Telephone: (604) 293-1531 Fax: (604) 293-1248  
**Farm Building Questionnaire**

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Section A – Farm Buildings & Contents:** Options:  Named Perils  \$500. Deductible  
 All Risk  \$1,000. Deductible

Protected (within 300 metres a of hydrant & 13km of a fire hall)  Semi Protected (within 13km of a fire hall)  Unprotected

Description/Construction and Square ft.	Year Built:	Limit:
Building 1: _____	_____	\$ _____
Contents _____		\$ _____
Building 2: _____	_____	\$ _____
Contents _____		\$ _____
Building 3: _____	_____	\$ _____
Contents _____		\$ _____
Building 4: _____	_____	\$ _____
Contents _____		\$ _____
Bailed Hay - Fire Only		\$ _____

**\*\*If additional buildings a/o Contents, please attach further details\*\***

**Section B – Farm Equipment and Machinery:** Options:  \$500. Deductible  \$1,000. Deductible

Description	Year:	Limit:
Item #1: _____	_____	\$ _____
Item #2: _____	_____	\$ _____
Item #3: _____	_____	\$ _____
Item #4: _____	_____	\$ _____

**\*\*If additional items, please attach further details\*\***

**Section C – Tack** Options:  \$500. Deductible  \$1,000. Deductible

Description	Limit:
Item #1: _____	\$ _____

Item #2: \_\_\_\_\_ \$ \_\_\_\_\_

Item #3: \_\_\_\_\_ \$ \_\_\_\_\_

Item #4: \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*If additional items, please provide an estimate of total value all tack for a quote. When binding we would require a full detailed list including descriptions and values of each item\*\***

**Section D – Trailers** Options:  \$500. Deductible  \$1,000. Deductible

Description \_\_\_\_\_ Limit \_\_\_\_\_

Item #1: \_\_\_\_\_ \$ \_\_\_\_\_

Item #2: \_\_\_\_\_ \$ \_\_\_\_\_

Any living accommodations in the farm buildings:  Yes  No

If yes, please describe and identify which farm building under Section A:

Is there Solid Fuel Heating?  Yes  No

If yes, we will require a Wood heat Questionnaire to be completed. (we will supply)

Policy Options:

Earthquake (if available in area)  
 5% Deductible  10% Deductible  15% Deductible  20% Deductible

Sewer Backup (\$2,500. Deductible)  Flood (\$10,000. Deductible)

Have there been any losses or claims in the past 5 years:  Yes  No If yes, provide details:

Name of previous insurer and policy number: \_\_\_\_\_

Is this business new to your office:  Yes  No

Are there special circumstances regarding this application which the company should know:  Yes  No

If yes, describe: \_\_\_\_\_

Have you seen this property?  Yes  No **\*\*Photos required to bind\*\***

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

Signature: \_\_\_\_\_

Agent: \_\_\_\_\_

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_