

Exclusively Underwritten By



Broker: \_\_\_\_\_ Broker Number: \_\_\_\_\_  
 Broker License Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is applicant currently insured?  Yes  No

Most recent or present insurance company: \_\_\_\_\_ Annual premium: \$ \_\_\_\_\_

Do you lease any of your horses to others? Yes  No

**If yes, you are not eligible for Equine Personal Liability coverage. Ask your broker for more information on coverage options.**

Have you had any liability claims or reported incidents in the past five years? Yes  No

If yes, please explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Have you had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes  No

If yes, please explain.

| Check Only One           | Limits of Liability Occurrence | Aggregate<br><small>Not available in Illinois</small> | Minimum Annual Base Premium For 1 to 5 Horses | Additional Insureds<br><small>(Additional premium per each Additional Insured)</small> |
|--------------------------|--------------------------------|---|---|--|
| <input type="checkbox"/> | \$ 300,000                     | \$ 600,000  | \$ 150  | \$10 each Additional Insured   |
| <input type="checkbox"/> | \$ 500,000                     | \$ 1,000,000  | \$ 200  | \$15 each Additional Insured   |
| <input type="checkbox"/> | \$ 1,000,000                   | \$ 2,000,000  | \$ 250  | \$20 each Additional Insured   |

| Name of Horse   | Breed | Sex* | Use** | Age | Color | Height | Markings/Tattoos |
|---|-------|------|-------|-----|-------|--------|------------------|
| * G-Gelding, M-Mare, S-Stallion<br>** Please be specific. For horses used for driving/pulling/work, you must complete the Driving Horse Personal Liability Supplemental Application for coverage consideration. An additional premium of \$40 per horse will apply for eligible horses used for driving/pulling/work. |       |      |       |     |       |        |                  |
| 1.  |       |      |       |     |       |        |                  |
| 2.  |       |      |       |     |       |        |                  |
| 3.  |       |      |       |     |       |        |                  |
| 4.  |       |      |       |     |       |        |                  |
| 5.  |       |      |       |     |       |        |                  |
| Additional horses over 5 horses may be added at a cost of \$40.00 each.   |       |      |       |     |       |        |                  |
| 6.  |       |      |       |     |       |        |                  |
| 7.  |       |      |       |     |       |        |                  |
| 8.  |       |      |       |     |       |        |                  |
| 9.  |       |      |       |     |       |        |                  |
| 10.   |       |      |       |     |       |        |                  |

Are all horses owned by the applicant?

Yes  No

If no, please provide the following.

| Name of Horse | Name of Owner | Address of Owner | Is there a written lease agreement (Yes / No) | Does the owner need to be named on an Owner Endorsement (Yes / No) |
|---------------|---------------|------------------|---|--|
|               |               |                  |   |  |
|               |               |                  |   |  |
|               |               |                  |   |  |

**Additional Insureds**

List any requested Additional Insureds and their connection to your horse(s) for coverage consideration below. Additional premium will apply. (Do not list owners of horses you lease.)

| Name:    | Address: | Relationship: |
|----------|----------|---------------|
| 1. _____ | _____    | _____         |
| 2. _____ | _____    | _____         |
| 3. _____ | _____    | _____         |

**Premium Calculation Section**

|                              |   |          |
|------------------------------|---|----------|
| <i>Base Premium</i>          | Includes up to 5 horses. (Premium from page 1 based on limits selected.)                          | \$ _____ |
| <i>Additional Horses</i>     | Number of additional horses over 5 horses: _____ X \$40 each =                                    | \$ _____ |
| <i>Driving Horses</i>        | Number of driving horses: _____ X \$40 each =   | \$ _____ |
| <i>Additional Insureds</i>   | Number of Additional Insureds: _____ X \$ _____ each (Additional premium per A.I. from page 1.) = | \$ _____ |
| <b>Total Annual Premium:</b> |   | \$ _____ |

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GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.**

**New York** - Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required in NH)