

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES**  
**IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME <b>FRYS EQUINE INSURANCE AGENCY</b>		
ADDRESS <b>PO BOX 820 GROVE CITY, OHIO 43123</b>		
TELEPHONE NO. ( <b>800</b> ) <b>842-9021</b>	FAX NO. ( <b>614</b> ) <b>875-1549</b>	AGENCY CODE <b>1144001</b>

**THIS IS NOT A BINDER**

<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____
<input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____ <input type="checkbox"/> POLICY NO. CCC _____

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION 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	
COUNTY	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: <input type="checkbox"/> OWN  <input type="checkbox"/> LEASE  <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.  _____ _____ _____
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? _____	

CARE, CUSTODY OR CONTROL

NUMBER OF STALLS: BARN #1 \_\_\_\_\_ BARN #2 \_\_\_\_\_ BARN #3 \_\_\_\_\_ BARN #4 \_\_\_\_\_

MINIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ MINIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

AVERAGE NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ AVERAGE VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

MAXIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ MAXIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

POLICY COVERAGE INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.  
 \*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS?  YES  NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_

MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_ RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?  YES  NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP?  YES  NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FRAUD NOTICES**

**Standard:** 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 act, which is a crime, and may subject such person to criminal and civil penalties.

**Florida Applicants:** 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.

**New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE X	DATE / /
AGENT SIGNATURE X	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE CUSTODY OR CONTROL PROGRAM  
LIMITS OF LIABILITY (CHECK ONE)**

<b>Limit Per Horse</b>	<b>Maximum Loss per Policy Year</b>
<input type="checkbox"/> 2,500	25,000
<input type="checkbox"/> 5,000	25,000
<input type="checkbox"/> 5,000	50,000
<input type="checkbox"/> 10,000	50,000
<input type="checkbox"/> 10,000	100,000
<input type="checkbox"/> 15,000	150,000
<input type="checkbox"/> 25,000	250,000
<input type="checkbox"/> 50,000	250,000
<input type="checkbox"/> 75,000	300,000
<input type="checkbox"/> 100,000	300,000
<input type="checkbox"/> 150,000	400,000
<input type="checkbox"/> 200,000	400,000
<input type="checkbox"/> <b>500,000</b>	<b>*1,000,000</b>

**\*Limits of 500,000/1,000,000 must be referred to the company for approval**

