

PERSONAL HORSE OWNERS LIABILITY
(LIMITED COVERAGE)

**THIS APPLICATION IS FOR
PRIVATE HORSE OWNERS ONLY**

If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own more than 10 horses, please complete a Commercial Equine Liability application.

The Equestrian Group

A Division of Allen Financial Insurance Group
12424 N. 32nd Street Suite 101 Phoenix, AZ 85032
Toll Free: 800-874-9191 FAX (602) 992-1570
www.EQGroup.com

**COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S).
BODILY INJURY TO PARTICIPANTS IS EXCLUDED.**

NAME OF INSURED		AGENCY NAME		AGENCY CODE
MAILING ADDRESS/CITY/STATE/ZIP CODE		MAILING ADDRESS/CITY/STATE/ZIP CODE		
TELEPHONE NUMBER ()	FAX NUMBER ()	TELEPHONE NUMBER ()	FAX NUMBER ()	
EMAIL ADDRESS		EMAIL ADDRESS		
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) _____				
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS				
LIMITS OF LIABILITY (CHECK ONE)	<input type="checkbox"/> \$500,000 CSL/Occurrence \$1,000,000 General Aggregate <input type="checkbox"/> \$1,000,000 CSL/Occurrence \$2,000,000 General Aggregate			

- Are your horses stabled on premises owned or leased by you? YES NO
(Stall rental at racetrack or boarding stable does not constitute leased premises.)
- Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies)?
 YES NO If you have answered "Yes" to either of the two questions above, coverage cannot be bound.

Please submit a Commercial Equine Liability application for quote.

SCHEDULE OF ALL OWNED HORSES			
NAME OF HORSE	BREED	USE	% OF OWNERSHIP

IF HORSE IS UNNAMED, PROVIDE YEAR OF BIRTH, SIRE, AND DAM.

Liability Limit	Rate Per Horse	Total Horses	Total Premium	Min. Premium	
\$500,000 CSL	\$43.		\$	\$150.	Max 10 Horses
\$1,000,000 CSL	\$55.		\$	\$235.	Max 10 Horses

3. Are any of your horses leased to others or used for instruction to others? YES NO
4. Name of present or previous insurance company (if no previous company, state "none").
5. Have you had any claims in the past five (5) years? YES NO
If yes, give approximate dates and explanations including payments made. _____
6. Have you been canceled or denied coverage in the last three (3) years? YES NO
If yes, please explain. _____

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

- 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.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA:** 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.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE	AGENT'S SIGNATURE X	DATE
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IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED.

INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.

The Private Horse Owner policy is designed to cover the owner of horses who is not personally involved in the commercial business of training, racing, breeding or boarding of horses, or providing riding instruction or any other commercial equine activity. The policy limits coverage to bodily injury and property damage caused directly by a horse, which is owned by the insured and scheduled on the policy.

Are your horses kept on your own property or property leased to you? Do horses other than your own occupy your premises or any of your stalls? Are other horse operations conducted on your premises? If you have answered, "yes" to any of these questions, contact your agent and request a Commercial Equine Liability application to complete in order to obtain appropriate coverage.