



**APPLICATION FOR COMMERCIAL EQUINE LIABILITY**  
(A Special program Limited to Horse-Related Exposures Only)

**THIS IS NOT A BINDER**

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.**

NEW BUSINESS – DESIRED EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  RENEWAL – EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF APPLICANT	BUSINESS/STABLE NAME
MAILING ADDRESS / CITY / STATE / COUNTY / ZIP CODE	
TELEPHONE NUMBER ( )	PERSON TO CONTACT FOR INSPECTION
FAX NUMBER ( )	EMAIL ADDRESS
WEBSITE	

**NOTICE** – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), EXPLAIN INTEREST OF EACH

LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASES PREMISES		
Address (including County & Zip Code)	Number of Acres	Premises
1.		<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.		<input type="checkbox"/> Own <input type="checkbox"/> Lease

APPLICANT IS  
 Individual     Partnership     Organization/Corporation     Owner Operator     Other (specify)

NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises: Name  
Address  
 Certificateholder Only     Additional Insured

Other – Describe Interest:  
Name and Address  
 Certificateholder Only     Additional Insured, If Eligible

LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS

\$500,000 CSL/Occ.     \$1,000,000 CSL/Occ.     \$ \_\_\_\_\_ CSL/Occ.  
 \$1,000,000 Agg.     \$2,000,000 Agg.     Other

INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OPTIONS:

General Aggregate     Medical Payments     Fire Legal Liability

DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES (IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.)     Yes     No

APPLICANT <b>X</b>	DATE ____/____/____
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**GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE**

- 1. DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS
  
- 2. NUMBER OF YEARS AT THIS LOCATION NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
  
- 3. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS
  
- 4. DO YOU HAVE WORKERS' COMPENSATION  Yes  No **Note:** Workers' Compensation and Employer's Liability is not covered under this policy. PAYROLL FOR HORSE OPERATIONS  
\$
  
- 5. IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN  
 Yes  No
  
- 6. ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN  
 Yes  No
  
- 7. DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS – IF YES, PLEASE EXPLAIN  
 Yes  No
  
- 8. IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE  
 Yes  No
  
- 9. ARE ALL PASTURES TOTALLY FENCED – DESCRIBE TYPE OF ALL FENCING  
 Yes  No
  
- 10. DESCRIBE CONDITION  Excellent  Good  Fair  Poor HOW OFTEN IS FENCING CHECKED
  
- 11. WHO IS RESPONSIBLE FOR FENCE REPAIR  Owner  Lessee RIDING FACILITIES  
Arena:  Indoor  Outdoor  Open Fields
  
- 12. DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES  Yes  No IN OTHER OUTBUILDINGS/BARNs  
 Yes  No
  
- 13. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION  
 Yes  No
  
- 14. DO YOU POST RULES  Yes  No DO YOU POST WARNING SIGNS  Yes  No DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
  
- 15. DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES – IF YES, HOW MANY  Yes  No WHAT BREED
  
- 16. HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE – IF YES, PROVIDE DETAILS  
 Yes  No
  
- 17. DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC. - IF YES, HOW MANY  Yes  No WHAT TYPE
  
- 18. IS THERE A SWIMMING POOL ON THE PROPERTY  Yes  No IF YES, IS IT RESTRICTED TO PRIVATE USE  
 Yes  No
  
- 19. IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN  
 Yes  No
  
- 20. DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE  
 Yes  No

**SECTION I. SUMMARY OF HORSES – AT PEAK SEASON**

**ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE**

Horses Owned/Leased/Used by Insured:	Number	Horses Non-Owned by Insured:	Number
1a. Owned horses used for instruction .....		1. Boarding/pasturing .....	
b. Boarded horses used for instruction to others.....		2. Show training .....	
2. Show and/or pleasure .....		3. Racing and/or training to race .....	
3. Racing and/or training to race .....		4. Breeding (Mares           , Stallions           ) .....	
4. Breeding (Mares           , Stallions           ) .....		5. Foals/weanlings .....	
5. Foals/weanlings.....		6. Retired and/or lay-ups.....	
6. Retired and/or lay-ups.....		7. Consignment for sale (Breed           ).....	
7. For sale (Breed           ).....		8. Other (Describe:           ).....	
8. Other (Describe:           ).....			

**All Owned Horses Must be Declared**

**Total (Lines 1-8)**

**Total (Lines 1-8)**  
 9. Number of carts, buggies, carriages, etc.....  
 Describe Use:

9. Total number of stalls on your premises .....

10. What is the maximum number of horses, owned and non-owned that can be kept on your premises? .....

**SECTION II. HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING**

CHECK IF NO EXPOSURE AND INITIAL

1.	TOTAL NUMBER OF STALLS	MAX NUMBER BOARDED ONLY	AVG NUMBER BOARDED ONLY	MONTHLY BOARD ONLY RATE	ANNUAL GROSS
				\$	\$
		MAX NUMBER TRAINING & BOARD	AVG NUMBER TRAIN & BOARD	MONTHLY TRAIN/BOARD RATE	ANNUAL GROSS
				\$	\$
2.	<b>TRAINING PLEASURE &amp; SHOW: NON-OWNED HORSES IN TRAINING – NO BOARDING</b>			MONTHLY TRAIN ONLY RATE	ANNUAL GROSS
	MAXIMUM NUMBER	AVERAGE NUMBER		\$	\$

3.	<b>BREEDING: NUMBER OF NON-OWNED</b>	BREED	MAXIMUM NUMBER OF OUTSIDE MARES	ARE MARES KEPT ON PREMISE 'TIL FOALING
	STALLIONS			
4.	<b>RACE HORSES: WHAT BREEDS</b>	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL	WHAT STATES DO YOU RACE IN
			\$	

**SECTION III. EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS**

CHECK IF NO EXPOSURE AND INITIAL

1.	IS INSTRUCTION PROVIDED BY	If an independent instructor/trainer is used, complete Section IV.	ARE YOU A CERTIFIED INSTRUCTOR
	<input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	DESCRIBE TYPE OF SAFETY GEAR REQUIRED		
3.	MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE	MAXIMUM NUMBER USED AT ANY ONE TIME	AVERAGE NUMBER USED AT ONE TIME
4.	ARE STALLIONS USED FOR INSTRUCTION	ANNUAL SCHOOL HORSE RECEIPTS	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5.	DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES?	IF YES, AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL STUDENT HORSE RECEIPTS
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
6.	DO YOU TEACH		
	<input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:		
7.	IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	DO YOU PROVIDE RIDING FOR THE HANDICAPPED?	GROSS ANNUAL RECEIPTS	NON-PROFIT
	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	RATIO OF INSTRUCTORS TO STUDENTS	ARE SIDEWALKERS USED	NUMBER OF HORSES AVAILABLE FOR HANDICAPPED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ARE YOU CERTIFIED BY A THERAPEUTIC RIDING ORGANIZATION?	VOLUNTEER COVERAGE REQUESTED	
	<input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, by whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION III. continued**

CHECK IF NO EXPOSURE AND INITIAL

9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS  Yes  No Injuries to horses and students being transported are not covered. HOW MANY TIMES PER YEAR GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS HOW MANY DAYS AVERAGE ATTENDANCE RECEIPTS EARNED \$
11. DO YOU OPERATE A DAY CAMP OVERNIGHT CAMP DO YOU PROVIDE FOOD GROSS RECEIPTS FOR CAMP \$
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS  Yes  No

**SECTION IV. INDEPENDENT INSTRUCTORS / TRAINERS**

CHECK IF NO EXPOSURE AND INITIAL

1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY DO THEY CARRY THEIR OWN INSURANCE++  Yes  No  Yes  No
- ++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.**
- PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)

INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE. ATTACH COPY(IES).

2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS GROSS RECEIPTS \$ GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES \$
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS OR TRAINED UNDER YOUR NAME

**SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS / TRAIL RIDES / LEASING / PACK TRIPS**

CHECK IF NO EXPOSURE AND INITIAL

1. NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES GROSS RECEIPTS FOR RENTALS \$ GROSS RECEIPTS FOR TRAIL RIDES \$ DO YOU CONDUCT PACK TRIPS  Yes  No
2. PONY RIDES/PARTIES: NUMBER OF PONIES GROSS RECEIPTS \$ DO YOU USE SIDEWALKERS  Yes  No
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN  Yes  No

**SECTION VI. SALES – HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING**

CHECK IF NO EXPOSURE AND INITIAL

1. DO YOU SELL HORSES WHAT BREEDS HOW MANY PER YEAR GROSS ANNUAL RECEIPTS \$
2. IS BUYER ALLOWED TO TEST RIDE IF YES DO YOU SELL FROM YOUR OWN PREMISES  Yes  No
3. EXPLAIN ANY OTHER METHOD OF SALES  In arena  In open field  Yes  No
4. DO YOU SELL FOOD OR HAVE A SNACK BAR DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW GROSS RECEIPTS \$ GROSS RECEIPTS \$
5. DO YOU SELL HAY OR FEED GROSS RECEIPTS \$
6. DO YOU MIX FEED FOR SALE/CONSUMPTION
7. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS
8. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES Injury to horse ARE SERVICES ON PREMISE ONLY GROSS RECEIPTS \$ If on premises only, this coverage can be added to this policy.
9.  Yes  No  Yes  No  Yes  No

NOTE: Products liability for any and all exposures involving sale or horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

**SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES** CHECK IF NO EXPOSURE AND INITIAL

1. RIDES <input type="checkbox"/> HAY <input type="checkbox"/> SLEIGH <input type="checkbox"/> CARRIAGE	NUMBER OF PASSENGERS	GROSS RECEIPTS \$	NUMBER OF WAGONS	NUMBER OF HORSES	NUMBER OF MOTOR VEH	NUMBER OF TRIPS	ON OR OFF PREMISES
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2. SHOWS Independent vendors are not covered.	DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC. <input type="checkbox"/> Yes <input type="checkbox"/> No			
SHOWS ON PREMISES RODEOS ON PREMISES	NUMBER OF PARTICIPANTS	GROSS RECEIPTS (ALL SHOWS) \$	MAXIMUM NUMBER OF SPECTATORS PER DAY	TOTAL NUMBER OF SHOW DAYS	SHOW DATES		

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH SAMPLE <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. DO YOU HAVE BLEACHERS OR GRANDSTANDS <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSTRUCTION YEAR BUILT	SEATING CAPACITY – NUMBER	
5. DO YOU MANAGE ANY HUNTS OR RACING EVENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT TYPE	DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY HOUNDS

6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES. IF YES, PLEASE EXPLAIN.  
 Yes  No

8. ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

**NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.**

**PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)**

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

1. HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE  
 Yes  No

2. HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN  
 Yes  No

3. IF NO PRIOR COVERAGE STATE REASON:

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.

**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%).

APPLICANT'S SIGNATURE <b>X</b>	DATE / /	AGENT'S SIGNATURE <b>X</b>	DATE / /
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**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**

**APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES  
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. ( ) ( )	FAX NO. ( ) ( )	AGENCY CODE

<b>THIS IS NOT A BINDER</b>		
<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. _____ _____ _____
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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:     EXCELLENT     GOOD     FAIR     POOR

DESCRIBE CONDITION OF STABLES:     EXCELLENT     GOOD     FAIR     POOR

OPERATIONS:     STABLE OWNER     BOARDING     BREEDING     TRAINING     OTHER

BREED OF ANIMALS \_\_\_\_\_ USE OF ANIMALS \_\_\_\_\_

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES \_\_\_\_\_

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE?     YES     NO

IS ANY STABLE OVER 25 YEARS OLD?     YES     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 of 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 <b>X</b>	DATE / /
AGENT SIGNATURE <b>X</b>	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**