

Race Horse Owner's Personal Liability

THE EQUESTRIAN GROUP

Allen Financial Insurance Grou
P.O. Box 9957 Phoenix, AZ 85068
(602) 992-1570 FAX (602) 992-8327

Producer: _____ Number: _____
Policy and/or Renewal #: _____
Expiration Date: _____
Desired Effective Date: _____

Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Type of Ownership: Individual Partnership Corporation

CHECK ONLY ONE	LIMITS OF INSURANCE		NUMBER OF HORSES OWNED	MINIMUM ANNUAL POLICY PREMIUM (FULLY EARNED)
	OCCURRENCE	AGGREGATE		
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	1 to 5	\$ 275
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	1 to 5	\$ 375
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	6 to 10	\$ 475
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	6 to 10	\$ 675

Please indicate the breed and racing activity your horses participant in: _____

Do you own over 10 horses in total? Yes No

If yes, indicate the total number of horses you own: _____ Submit this application for a quote.

Do you train your own race horses? If yes, explain: _____

Past and/or present Insurance Company: _____ Annual premium: _____

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

Explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid. Attach a separate sheet if necessary.

Have you had coverage cancelled or refused in the past three years? Yes No

If yes, explain.

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

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.

(Must be signed and dated)

Applicant's Signature: _____

Print Name: _____ Date: _____