

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
LEGAL LIABILITY-CARE, CUSTODY OR CONTROL
RENEWAL QUESTIONNAIRE**

INSURED/DBA		AGENT	CODE
PHONE NUMBER/E-MAIL ADDRESS		PHONE NUMBER/E-MAIL ADDRESS	
POLICY NUMBER	EXPIRATION DATE	FAX NUMBER	

Renew my policy based on the following information:
 Breed of horses _____ Use of horses _____

Number of Non-Owned horses in your care:
 Maximum _____ Minimum _____ Average _____

Value of Non-Owned horses in your care:
 Per horse – Maximum \$ _____ Minimum \$ _____ Average \$ _____

Renew with Limits of:

	Limit Per Horse	Maximum Loss per Policy Year
<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"/>	500,000	*1,000,00

Limits of 5,000/1,000,000 must be referred to the Company for approval

Do you transport horses for others? Yes No Maximum number of trips per year _____

Average number of horses per trip _____ Normal radius of operation _____ (miles)

Number of trips and destinations exceeding normal 150 mile radius _____

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

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X	/ /		/ /

IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED

APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE

A4550.DOC-1205

The Equestrian Group P.O. Box 9957 Phoenix, AZ 85068 602-992-1570 FAX 602-992-8327