

## PRIVATE 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.

## 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			MAILING ADDRESS					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
	ELEPHONE NUMBER		TELEPHONE NUMBER		IUMBER			
EMAIL ADDRESS	( )		EMAIL ADDRESS	( )				
APPLICANT IS:								
		D PARTNERSHIP	OTHER (SPECIFY)					
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS								
LIMITS OF LIABILITY (CHECK ONE)								
		\$500,000 CSL/Occurre \$1,000,000 General Ag		) CSL/Occurre ) General Agg				
(Inquire about the a	ailability of	f higher per occurrence limit	s, triple aggregate or higher medical payment	s coverage.)				
<ol> <li>Are your horses stabled on premises owned or leased by you?</li> <li>YES NO (Stall rental at racetrack or boarding stable does not constitute leased premises.) If NO, Please indicate stabling address if different than mailing address:</li> </ol>								
2. Do you have a homeowners' or rente	ers' policy?							
☐ YES ☐ NO If yes, wh	nat is your l	imit of personal liability	\$300,000 \$500,000 \$1,000,0	000				
3. Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies)?								
YES NO								
If you answered "Yes" to questior	n 2 above,	coverage cannot be boun	nd. Please submit a Commercial General L	iability applic	ation for a quote.			
SCHEDULE OF ALL OWNED HORSES								
NAME OF HORSE		BREED	USE	% OF	OWNERSHIP			

4.	Are any of	your horses	leased to others	or used for instructi	on to others?	🗌 YES	🗌 NO
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5. Name of present or previous insurance company (if no previous company, state "none").

6. Have you had any claims in the past five (5) years? YES NO						
If yes, give approximate dates and explanations including payments made.						
7. Have you been canceled or denied coverage If yes, please explain.	in the last three (3) years? YES NO					
for insurance or statement of claim containing a	any materially false information or conceals, fo t insurance act, which is a crime, and may si	urance company or other person files an application r the purpose of misleading, information concerning ubject such person to criminal and substantial civil				
<b>FLORIDA</b> : 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.						
<b>NEW JERSEY</b> : 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.						
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.						
L	DATE AGENT'S SIGNATURE	DATE				

## IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED. INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.

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## PLEASE NOTE

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 premises, or any of your stalls, occupied by horses other than your own? 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.

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