



AgriBusiness®

Individual Horse Owners Liability

Company Use Only _____

**Coverage applies only to injury/damage caused by named horses.
No premise coverage afforded.**

Customer No. _____

Producer No. _____

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

Agency Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Producer _____

Transaction: New Business Quote Issue Renewal of # _____

Effective Date _____ to _____ Quote Desired By _____

Agency installments require premium to be \$1,000 or more plus there are installment

Direct Bill installment plans have fees.

Direct Bill to Applicant:

Agency Bill: A Semi-A Q 10 payments A Monthly Multiple

Applicant is: Owner/Operator Absentee Owner Manager Corporation Partnership
 LLC Other _____

Applicant Information

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Phone No. _____

Website _____

	Name of Horse	Breed	Use	% of Ownership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Applicant Information *Continued*

	Yes	No
A. Are the horses scheduled above stabled on premise of a farm owned or leased by you? If yes to A, please complete F36337 Equine Farm General Liability Application.	<input type="checkbox"/>	<input type="checkbox"/>
B. Is horse leased? Explain yes answer and provide copy of lease agreement.	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you or your employees have any involvement with training or breeding of horses? Explain yes answer.	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you or your employees teach or give riding instructions? Explain yes answer.	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you ride/show horses owned by others for compensation? Explain yes answer.	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to 'C', 'D', 'E' OR 'F' above, the rates indicated on page 2 do not apply.

Please submit the proper application for quote.

Boarding Facility Information

Name of Boarding Facility _____

Address _____

City _____ State _____ Zip _____

Additional insured form required.

Code 88279 <i>Check Only One</i>	Limits of Insurance Occurrence/Aggregate	Rates Per Horse	>20	Minimum Policy Premium Fully Earned*	No of Horses	State Tax/ Surcharge Refer To Co	Final Premium By Company
<input type="checkbox"/>	\$100/\$200						
<input type="checkbox"/>	\$300/\$600						
<input type="checkbox"/>	\$500/\$1M						
<input type="checkbox"/>	\$1M/\$2M						

* If coverage is bound Policy Minimum Premium is Fully Earned in the event of a mid-term cancellation.

Experience – 4 Years

Name of Company	Premium	Policy #	Coverage Dates	# of Claims	Loss Amount

Experience – 4 Years Continued

Explain any losses:

Yes **No**Have you been cancelled or non-renewed in the past 3 years?

If yes, give reason:

Comments:

Insurance Fraud Warning

- California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for purposes of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance company or agent of an insurance company knowingly provided false incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.
- Delaware:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- 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.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Michigan:** Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New York:** All Insurance applications and claim forms except auto. Any person who knowingly and with intent to defraud any insurance company or 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Insurance Fraud Warning *Continued*

- Oklahoma:** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____

Date _____

Agents Signature _____

Date _____

General Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; IN, DC, LA, ME, TN, and VA, insurance benefits may also be denied)

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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 insurance act, which is a crime and may subject the person to criminal and civil penalties.

In Washington, 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.

Applicant's Signature _____

Date (mm/dd/yyyy) _____