

Equine Personal Liability

Exclusively Underwritten By
AMERICAN EQUINE
INSURANCE GROUP



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

Note: Incomplete applications will be returned to the applicant.

Applicant: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium:** \$ _____

Do you lease any of your horses **to** others? Yes No
If yes, you are not eligible for Equine Personal Liability coverage. Ask your broker for more information on coverage options.

Have you had any liability claims or reported incidents in the past five years? Yes No
If yes, please explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Have you had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No
If yes, please explain.

Check Only One	Limits of Liability		Minimum Annual Base Premium For 1 to 5 Horses (Fully Earned)	Additional Insureds (Additional premium per each A.I.)
	Occurrence	Aggregate		
<input type="checkbox"/>	\$ 300,000	\$ 600,000	\$ 150	\$ 10 each A.I.
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	\$ 200	\$ 15 each A.I.
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	\$ 250	\$ 20 each A.I.

Name of Horse	Breed	Sex*	Use**	Age	Color	Height	Markings/Tattoos
* G-Gelding, M-Mare, S-Stallion							
** Please be specific. For horses used for driving/pulling/work, you must complete the Driving Horse Personal Liability Supplemental Application for coverage consideration. An additional premium of \$40 per horse will apply for eligible horses used for driving/pulling/work.							
1.							
2.							
3.							
4.							
5.							
Additional horses over 5 horses may be added at a cost of \$40.00 each.							
6.							
7.							
8.							
9.							
10.							

Do you keep any of your horse(s) at locations that you own, lease, or occupy?

Yes No

If yes, please describe the facility and equestrian activities you and your horse(s) engage in.

Are all horses owned by the applicant?

Yes No

If no, please provide the following.

Name of Horse	Name of Owner	Address of Owner	Is there a written lease agreement (Yes / No)	Does the owner need to be named on an Owner Endorsement (Yes / No)
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Additional Insureds

List any requested Additional Insureds and their connection to your horse(s) for coverage consideration below. Additional premium will apply. (Do not list owners of horses you lease.)

Name: _____ Address: _____ Relationship: _____

1. _____
2. _____
3. _____

Premium Calculation Section

Base Premium	Includes up to 5 horses. (Premium from page 1 based on limits selected.)	\$ _____
Additional Horses	Number of additional horses over 5 horses: _____ X \$40 each =	\$ _____
Driving Horses	Number of driving horses: _____ X \$40 each =	\$ _____
Additional Insureds	Number of Additional Insureds: _____ X \$ _____ each (Additional premium per A.I. from page 1.) =	\$ _____
Total Annual Premium:		\$ _____

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

In Florida and Oklahoma

WARNING: 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.

In Kentucky, New York, and Pennsylvania

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 subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In 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.

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. I/We understand that this application is not a binder. **No coverage is provided for Race Horses and/or Horses in Race Training.**

(Must be signed and dated)

Applicant's Signature: _____

Print Name: _____ Date: _____

Driving Horse Personal Liability Supplemental Application

Applicant: _____
 Quote #: _____

Producer: _____ Number: _____
 Requested Effective Date: _____

**Only driving horses used for personal use (pleasure, show, competition) are eligible for coverage consideration.
 Horses driven for rides to the general public or rented/hired out are not eligible for coverage consideration.
 Horses used for any pulling contests or any other strength contests are not eligible for coverage consideration.
 Horses driven primarily on public roads are not eligible for coverage consideration.**

Name(s) of horses used for driving: _____

Do you give vehicle rides to the public? Yes No
 Do you ever rent/hire out your vehicle(s) to anyone? Yes No
 Are your horses ever used in any kind of pulling contests or any other strength contests? Yes No

If you answered "Yes" to any of the above questions, ask your broker for more information about coverage options.

Years experience driving Horse Drawn Vehicles: _____

Description of location(s) used for driving: _____

Description of any shows or competitions you attend: _____

Do you ever drive on, or cross over, public roads? Yes No
 Do you ever drive on City and/or Metropolitan Roads? Yes No

If yes, please provide details: _____

Do you ever drive in parades? Yes No

Number of parades driven in annually: _____ Please provide parade names, dates, locations, and describe parade size: _____

Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc.: _____

Describe any promotional or advertising material you display on your vehicles in parades: _____

Are your vehicles used at night? Yes No

Please indicate if your Horse Drawn Vehicles have the following equipment:

- Hydraulic Brakes Lights Reflectors Slow Moving Emblems Ladder Mobile stairs
 Other: _____

Do you ever take passengers on your vehicles? Yes No

Please describe any passengers that you might permit on your vehicles and their relationship to you: _____

Do you require Safety Helmets be worn? Yes No

Other safety procedures (explain): _____

Please provide a description of the vehicle(s) used for driving.

Description of Vehicle	Maximum Number of Horses Per Vehicle	Maximum Number of Passengers Per Vehicle	Is vehicle subject to license or registration? If yes, describe.
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>

THIS POLICY COVERS PERSONAL USE ONLY. NO COVERAGE WILL BE PROVIDED FOR ANY COMMERCIAL OPERATIONS OR USES.
 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. I/We understand that this application is not a binder. **No coverage is provided for Race Horses and/or Horses in Race Training.**

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Applicant's Signature: _____

Print name: _____ Date: _____