



**PLEASURE AND SHOW HORSE - INDIVIDUAL HORSE OWNERS LIABILITY - Continued**

**Name and address  
of boarding facility**

**Additional insured  
form required.**

Code 88279

CHECK ONLY ONE	LIMITS OF INSURANCE	RATES PER HORSE	MINIMUM POLICY PREMIUM	Number of Horses	Subject to State Charge	State Tax / Surcharge Refer to Co	Final Premium By Company
	OCCURRENCE/AGGREGATE		<b>FULLY EARNED *</b>				
	\$100,000 / \$200,000	\$40.00	\$225.00				
	\$300,000 / \$600,000	\$58.00	\$250.00				
	\$500,000 / \$1,000,000	\$68.00	\$300.00				
	\$1,000,000 / \$2,000,000	\$80.00	\$375.00				

\* 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

**Explain any losses**

**Have you been cancelled or non-renewed in the past 3 years?**      **Yes**    **No**      If 'Yes', give reason:

**Comments**

**INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES**

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.
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:	<b>All Insurance applications and claim forms except auto:</b>
	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
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.
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 \_\_\_\_\_

F.8934 Jan-03 Page 2 of 4

**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, OR CONCEALS FOR THE PURPOSE OF MISLEADING 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 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 QUILTY OF A FELONY OF THE THIRD DEGREE.**

**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)

**COLORADO APPLICATION SUPPLEMENT**

**THIS NOTICE IS A PART OF YOUR APPLICATION FOR:**

HOMEOWNERS INSURANCE	DWELLING INSURANCE
PERSONAL INLAND MARINE INSURANCE	MOBILE HOME INSURANCE
WATERCRAFT INSURANCE	PERSONAL LINES PACKAGE INSURANCE
PERSONAL UMBRELLA INSURANCE	PERSONAL AUTO INSURANCE
AGRICULTURE INSURANCE	COMMERCIAL INSURANCE

**FRAUD WARNING**

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose 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 who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)

**OHIO FRAUD STATEMENT**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)