

Race Horse Owners Liability



Company Use Only	
Customer No.	
Producer No	

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

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

Agency's Name and address (Include Zip Code)	Agency Phone #	() -
City	St	Zip
		Producer

Transaction	New Business	Quote	Issue	Effective Date	Quote Desired By
	Renewal of #			to	

Agency installments require premium to be \$1,000 or more plus there are installment			Direct Bill installment plans have fees.		
Agency Bill	<input type="checkbox"/> A	<input type="checkbox"/> Semi-A	<input type="checkbox"/> Q	<input type="checkbox"/> 10 payments	Direct Bill to Applicant
					<input type="checkbox"/> A
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Multiple

Applicant is	Owner/Operator	Absentee Owner	Manager	Corporation	Partnership	LLC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other					

Applicant - Name and address (include County and Zip Code)			
City	Co	St	Zip

Insured's Phone Number () -	WWW:
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	Name of Horse	Breed	Use	% of Ownership
1				
2				
3				
4				
5				

- A. Are the horses scheduled above stabled on premise of a farm owned or leased by you? Yes No
- B. If "Yes" to A, describe all facilities and uses including acreage. Is facility covered by farm or homeowner policy? Provide name of carrier, policy term and limits of liability. Stall rental by you at a boarding facility does not constitute leased premises.
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- C. Is horse leased? Yes No Explain "Yes" answer and provide copy of lease agreement
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- D. Do you or your employees have any involvement with training or breeding of horses? Yes No Explain "Yes" answer
-
- E. Does your trainer carry liability and workers' compensation insurance? Yes No
Are certificates provided? Yes No

IF YOU HAVE ANSWERED 'YES' TO 'C', ABOVE, THE RATES INDICATED ON PAGE 2 DO NOT APPLY.
PLEASE SUBMIT THE PROPER APPLICATION FOR QUOTE.

Race Horse Owners Liability - Continued

Name and address of boarding facility		Additional insured form required.
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Code 88281		Minimum Premiums are Fully Earned			Premium Subject to State Charge	State Tax / Surcharge Refer to Co	Final Premium By Company
CHECK ONLY ONE	LIMITS OF INSURANCE OCCURRENCE/AGGREGATE	Number of Horses					
		1-3	4 - 6	7-10 **			
	\$300,000 / \$600,000	\$326	\$544	\$725			
	\$500,000 / \$1,000,000	\$380	\$634	\$845			
	\$1,000,000 / \$2,000,000	\$450	\$750	\$1,000			

* Fully Earned premium means no return premium for mid-term cancellations.
** > 10 Horses Refer to Company

Experience - 4 Years				Coverage Dates	# of Claims	Loss Amount
Name of Company	Premium	Policy #				

Explain any losses

Have you been cancelled or non-renewed in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', give reason:
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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: **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
- 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 _____

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:

- | | |
|---|---|
| <input type="checkbox"/> HOMEOWNERS INSURANCE | <input type="checkbox"/> DWELLING INSURANCE |
| <input type="checkbox"/> PERSONAL INLAND MARINE INSURANCE | <input type="checkbox"/> MOBILE HOME INSURANCE |
| <input type="checkbox"/> WATERCRAFT INSURANCE | <input type="checkbox"/> PERSONAL LINES PACKAGE INSURANCE |
| <input type="checkbox"/> PERSONAL UMBRELLA INSURANCE | <input type="checkbox"/> PERSONAL AUTO INSURANCE |
| <input type="checkbox"/> AGRICULTURE INSURANCE | <input type="checkbox"/> 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)