

RACE HORSE OWNERS LIABILITY

COMPANY USE ONLY

Customer No. _____

Producer Code: _____

Auditable

Other _____

- GREAT AMERICAN INS. CO. (01)
- AMERICAN NATIONAL FIRE INS. CO. (03)
- AMERICAN ALLIANCE INS. CO. (04)
- AGRICULTURAL INS. CO. (02)
- OTHER _____

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

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

PRODUCER	NAME AND ADDRESS (Include Zip Code)	PRODUCER CODE:	
		AGENCY CODE:	
		AGENCY PHONE NO.:	
TRANSACTION	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL OF # <input type="checkbox"/> ISSUE	EFFECTIVE DATE: _____ to _____	QUOTE DESIRED BY:
APPLICANT	NAME AND ADDRESS (Include County & Zip Code)	APPLICANT IS:	
		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	
	PHONE NO. (_____) _____		

NAME OF HORSE	BREED	USE	PERCENTAGE OF OWNERSHIP	TRAINER
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

(Include supplemental schedule if necessary)

A. Are the horses scheduled above stabled on premises of a farm owned or leased by you? Yes No

B. If "Yes" to A, describe all facilities and uses including acreage

C. Do you have any involvement with training or breeding of horses? Yes No

Explain: _____

D. Does public trainer carry liability and workers' compensation? Yes No Are certificates provided? Yes No

LIABILITY LIMITS OCCURRENCE/AGGREGATE	\$300,000/\$600,000	\$500,000/\$1,000,000	\$1,000,000/\$2,000,000
No. Horses: 1-5	\$350 (\$500 in NC)	\$500	\$750
6-10	\$500	\$750	\$1,000
11-15	\$750	\$1,000	\$1,250
>15	Refer to Co.	Refer to Co.	Refer to Co.

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

EXPERIENCE - 3 Years

Company	PREMIUM	POLICY #	DATES	# OF CLAIMS	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain any losses _____

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

*Note - Not applicable in Missouri

INSURANCE FRAUD WARNING

Applicant's Initials:

- 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 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.
- 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 above 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 _____

Agent's Signature _____ Date _____