

**PLEASURE AND SHOW HORSE
INDIVIDUAL 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 # (800) 336 - 2378
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Associations Underwriters and Ziplow Horse Insurance Agency

1430 Warehime Rd

FAX # 410-871-9748

City	Westminster	St	MD	Zip	21158	Producer	
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Transaction	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Issue	Effective Date	Quote Desired By
	<input type="checkbox"/> Renewal of #	to	

<small>Agency installments require premium to be \$1,000 or more plus there are installment</small>	<small>Direct Bill installment plans have fees.</small>
Agency Bill <input checked="" 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	<input checked="" type="checkbox"/> Owner/Operator <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Manager <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other
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Applicant - Name and address (include County and Zip Code)

City	Co	St	Zip
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Insured's Phone Number () -	WWW:
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	Name of Horse	Breed	Use	% of Ownership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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)

C. Is horse leased? Yes No Explain "Yes" answer and provide copy of lease agreement

D. Do you or your employees have any involvement with training or breeding of horses? Yes No Explain "Yes" answer

E. Do you or your employees teach or give riding instructions? Yes No Explain "Yes" answer

F. Do you ride/show horses owned by others for remuneration? Yes No Explain "Yes" answer

**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.**

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 FULLY EARNED *	Number of Horses	Subject to State Charge	State Tax / Surcharge Refer to Co	Final Premium By Company
	OCCURRENCE/AGGREGATE						
<input type="checkbox"/>	\$100,000 / \$200,000	\$40.00	\$225.00				
<input type="checkbox"/>	\$300,000 / \$600,000	\$58.00	\$250.00				
<input type="checkbox"/>	\$500,000 / \$1,000,000	\$68.00	\$300.00				
<input type="checkbox"/>	\$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

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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 _____