

GREAT AMERICAN INSURANCE COMPANY
LIABILITY RENEWAL POLICY REVIEW

Associations Underwriters Inc.

1430 Warehouse Road Westminster, Md. 21158

Phone: (800) 822-2202

Fax: (410) 871-9748

Insured: _____

Policy Number: _____
Renewal Date: _____

Payment Plan:

Agency Bill A _____ S _____ Q _____

Please answer all questions completely (front and back)

FARM LIABILITY:

1. Please describe your equine operations:

2. Describe any non-equine operations:

3. What is your annual payroll for equine operations? _____
Annual Receipts? _____

OWNED HORSES:

List each horse only once!

1. How many horses do you own or lease for your own use? _____
2. How many are used for riding instructions? _____
3. How many are used for breeding? Number of mares _____ Number of stallions _____
4. How many are used for pleasure riding? _____
5. How many are used for showing? _____
6. How many are in race training? _____
7. How many are actually racing at the track? _____
8. Sales Prep? _____
9. Yearlings and/or weanlings? _____
10. Any other use? _____ Please describe: _____

NON-OWNED HORSES:

List each horse only once!

1. How many NON-OWNED horses are on your premises at any one time? _____
2. How many are there for straight boarding? _____
3. How many are there for breeding only? _____
4. How many are there for training? _____

RIDING INSTRUCTION:

1. Number of riding instruction students per week, by you or employees? _____
2. Number of lessons per week given by Independent Instructor(s)? _____
3. Number of Independent Instructors or trainers operating on your premises? _____
(A Certificate of General Liability insurance is required from each independent)

HORSE SHOWS:

1. Please give brief description of shows:
 - A) Type of show: _____
 - B) Number of days per show: _____
 - C) Number of participants: _____
 - D) Number of spectators: _____
2. Number of anticipated Horse Shows sponsored by you on your premises? _____

HORSE CLINICS:

1. Please give brief description of clinic:
 - A) Type of clinic: _____
 - B) Number of days per clinic: _____
 - C) Number of participants: _____
2. Number of anticipated Clinics you will hold on your premises for non-students? _____

HORSE CAMPS:

There is a separate Camp Supplement Form that needs to be completed

1. Do you hold day camps? _____
2. How many weeks is the camp in session? _____
3. How many campers attend per day? _____

MISCELLANEOUS:

Do you give Pony Rides, Rent Horses for public riding, offer Trail Rides to non-boarders, give Hay Rides, Sleigh Rides or Carriage Rides? _____

Signature: _____ Date: _____
 Agents Signature: _____ Date: _____

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 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 the 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.

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested ----- and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

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 _____