



EQUINE LIABILITY 2017

APPLICATION FOR LEASING OR OWNERSHIP OF PRIVATE HORSES
THIS IS NOT A BINDER. EXPOSURES NOT DECLARED ARE NOT COVERED.

Coverage is provided to the applicant in respect of sums which the applicant becomes legally liable to pay as compensation for accidental bodily injury/property damage arising out of the use and/or ownership of horse(s) declared both on and off premises.

Commercial Equine Activities: (NOT COVERED) means the applicant is involved in the breeding, boarding, training of horses owned by others, public trail rides, riding instruction, and any activity where the applicant receives money or other compensation.

SECTION 1: APPLICANT INFORMATION DESIRED EFFECTIVE DATE:

- 1. Applicant Name:
Mailing Address: City State Zip Code
Physical Address: City State Zip Code
Telephone # Fax # Email Website
How did you hear about Equisure?
2. Type of Ownership: Individual Partnership Other (Specify)
Is the applicant leasing horses from someone else? Yes No
3. If Applicant is a Partnership, provide names of Partners
4. List all membership affiliations: AHA AQHA CHA ARIA USDF USEF USHJA OTHER
5. Does Applicant have other liability insurance (farm, home): Yes No
If yes, list present insurance company: and effective date:
6. Have you had any claims in the past five (5) years? Yes No
If yes, explanations including claim payments made.

SECTION 2: DECLARED PRIVATE OWNED HORSES (OWNED or LEASED 100% BY THE APPLICANT)

(Please photo-copy this page as needed for additional horses. Application must be submitted for a rate if you own/lease more than three horses.)

Table with 6 columns: HORSE NAME, SEX, USE, AGE, REGISTRATION/COLOR/MARKINGS, BREED

CHANGES MADE TO THE DECLARED OWNED/LEASED HORSES DURING THE POLICY TERM NEED TO BE MADE IN WRITING.

SECTION 3: LIMITS OF LIABILITY AND PREMIUM (FULLY EARNED)

Add the minimum base premium, policy fee (if applicable), and additional insureds (if applicable) for total premium.

Table with 6 columns: Check Only One, Limits of Liability Occurrence Aggregate, Minimum Annual Base Premium For 1 to 3 Horses, Oregon Policy Fee: \$15.00 Pennsylvania Policy Fee: \$20.00 (Only applicable to OR and PA), Additional Insureds (\$25 Each), Total Premium

ADDITIONAL INSURED REQUESTS MUST BE MADE IN WRITING AND INCLUDE A FULL MAILING ADDRESS.

For Equine Mortality, Major Medical, and Theft coverage, go to www.equisure-inc.com and complete a "quote request."

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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



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company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. The insurer shall not offer an optional extension period for this policy in New Mexico.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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 (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.



Authorized Signature

Please print & sign in blue or black ink

Date

Print Name

Please Note—if your Physical Address is in one of the following states additional information will be required prior to policy issuance: AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee has been approved and payment received.

To cut down on our paper consumption, we now offer electronic policy delivery. Please check one of the boxes below. (If a box is not checked, we will deliver your policy via the US Postal Service.)

- I prefer to receive my policy documents via hard copy in the mail.
- I prefer to receive my policy documents via e-mail.





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PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

Applicant's Name* _____

Address* _____ **City*** _____ **State*** _____ **Zip*** _____

Phone* () _____ **Fax** () _____

Email* _____ ** required*

Select option and complete payment information below.

Full Payment – (Check, Visa, or MasterCard)

Credit Card (check one): VISA or MasterCard **Amount Authorized \$** _____

Name on Credit Card _____

Credit Card # _____ - _____ - _____ - _____

Credit Card Expiration date: __ __ / __ __

Signature as shown on Credit Card _____

Please print & sign in blue or black ink
We do not accept American Express or Discover

Check or Money Order (made payable to: *Equisure, Inc.*) - enclosed for financing down payment or full premium of: \$ _____

Name (please print first and last name)

Email address