

BROKER EQUINE LIABILITY APPLICATION
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. If applicant is involved in any commercial equine activities, complete an Equine Professional & General Liability Application and apply for coverage.

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. In addition, coverage is not meant for liability arising out of or caused by the use of a horse or a horse drawn vehicle as a primary means of transport.

IMPORTANT!! All submissions must include completed/signed application (signature pg. 2) and premium payment. Incomplete applications will be returned. Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

SECTION 1: APPLICANT INFORMATION DESIRED EFFECTIVE DATE: _____ BROKER CODE: _____

1.1. Applicant Name: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: _____ City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____ Email _____ Website _____

How did you hear about Equisure? _____

Is applicant 18 years or older? ___ Yes ___ No

1.2. Type of Ownership: ___ Individual ___ Partnership ___ Other (Specify) _____

1.3. Is the applicant leasing horses from someone else? ___ Yes ___ No *If yes, complete certificate request on page 3 with owner's name and address.*

1.4. If Applicant is a Partnership, provide names of Partners _____

1.5. Will any of the Equine listed in Section 2 below be used for Equine Assisted Activities Therapy? ___ Yes ___ No
(example: Nursing home visits, school programs, or similar activities) To qualify for coverage, remuneration must be less than \$12,000 per year.

1.6. Does Applicant have other liability insurance (farm, home): ___ Yes ___ No

If yes, list present insurance company: _____ and effective date: _____

1.7. 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)
(Application must be submitted for a rate if you own/lease more than three horses.) _____ # of horses over 3

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.

Check Only One	Limits of Liability		Minimum Annual Base Premium For 1 to 3 Horses	<i>OR, PA, and KY policies</i>	Equine Assisted Activities Therapy	Additional Insureds (\$25 Each)	Total Premium
	Occurrence	Aggregate					
___	\$300,000	\$600,000	\$175.00	<i>submit for rating</i>	\$60	___ X \$25	\$ _____
___	\$500,000	\$1,000,000	\$225.00	<i>submit for rating</i>	\$80	___ X \$25	\$ _____
___	\$1,000,000	\$2,000,000	\$275.00	<i>submit for rating</i>	\$100	___ X \$25	\$ _____

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

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 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

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, KS, 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

BROKER EQUINE LIABILITY APPLICATION

CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

Applicant Name _____

Mailing Address: _____

Email _____ **Tel #** _____ **Fax #** _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**

Please include additional \$25.00 for each Additional Inured. No premium is charged for Proof of Insurance.

(Check all that apply) **CERTIFICATE HOLDER IS:** **Landowner** **Facility Owner** **Horse Owner**

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ **Email:** _____

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**

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Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ **Email:** _____