

Application for Private Horse Owner Liability Race Horse Owner Liability



I. Application Process

The Private Horse Owner policy coverage applies only for bodily injury and property damage caused by named horses. There is no premise coverage or Equine Operations coverage afforded under the Private Horse Owner policy. When an applicant is involved in boarding, breeding, instruction, leasing of horses to others, training and any other equine activities that the applicant receives compensation, this is defined as Equine Operations; therefore, an Equine Operations Liability application should be completed.

The Race Horse Owner policy coverage applies only for bodily injury and property damage caused by named horses for racing stock owners. This policy is for racing stock owners that are not directly involved in Equine Operations, which includes breeding, training or racing, but instead contract with independent contractors.

Complete application and email to equineandlivestock@libertymutual.com

Note: Complete Equine Operations Liability application if applicant is involved in any of the below:

- Leasing of named horses to others.
- Training of named horses (personally or independent trainer).
- Named horses used for riding instruction.
- Named horses used for breeding.

Coverage cannot be bound until the Company approves your completed application. The company's receipt of premium does not bind coverage until a written quote has been issued.

II. Insured Information

Billing Information: Agency Bill Direct Bill Payment Options: Full Pay Installments

Transaction Information: Proposed Effective Date: _____

Are you applying for a new policy or to renew an existing policy? New Renewal Policy number: _____

Applicant: _____ Mailing Address: _____ _____ City: _____ County: _____ State: _____ Zip: _____ Phone Number: _____ Email: _____ Website: _____ More Named Insureds: _____	Agency/Broker Name: _____ Agency/Broker Number: _____ Mailing Address: _____ _____ City: _____ County: _____ State: _____ Zip: _____ Producer Name: _____ Phone Number: _____ Email: _____
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**Applicant must be 18 years of age or older.*

1. Applicant is: Corporation Individual Joint Venture LLC Trust Organization Partnership Other
2. a. Is applicant a member of any professional equine associations? (e.g. AQHA, ARHA, USEF, etc.): Yes No
 b. If yes, please list: _____

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III. Prior Coverage History

Current and Previous Five Year Property & Liability Insurance Information

Status (Current or Expired)	Insurance Company	Effective Dates	Premium	Number of Claims*	Amount Paid

*Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid: _____

1. a. Has any insurer ever refused, cancelled or non-renewed insurance for you in the last 5 years? (Not applicable in MO) Yes No
 b. If yes, please provide full details: _____
2. a. Has applicant ever filed for bankruptcy or had a foreclosure? Yes No
 b. If yes, please provide full details: _____

IV. Coverage Information

Please select Limits of Insurance (Occurrence/Aggregate):

- \$100,000/\$200,000
 \$300,000/\$600,000
 \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000

- Worldwide Coverage:** coverage requested for named horses that travel outside of the U.S

If yes, please list the countries applicant would like covered: _____

- Mortality Coverage:** coverage requested for mortality for named horses

If yes, please complete an Equine Mortality application.

Any additional comments concerning the application for coverage? Yes No

If yes, please explain: _____

V. Horse Information

Note: Donkeys and Mules are not eligible for coverage under Private Horse Owner policy.

Horse Name:				Color:	
For any unnamed foal, provide:		Sire's Name:		Dam's Name:	
Date of Birth	Breed	Sex	Use	Ownership %	

Horse Name:				Color:	
For any unnamed foal, provide:		Sire's Name:		Dam's Name:	
Date of Birth	Breed	Sex	Use	Ownership %	

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V. Horse Information (continued)

Horse Name:				Color:	
For any unnamed foal, provide:		Sire's Name:		Dam's Name:	
Date of Birth	Breed	Sex	Use	Ownership %	

Horse Name:				Color:	
For any unnamed foal, provide:		Sire's Name:		Dam's Name:	
Date of Birth	Breed	Sex	Use	Ownership %	

Horse Name:				Color:	
For any unnamed foal, provide:		Sire's Name:		Dam's Name:	
Date of Birth	Breed	Sex	Use	Ownership %	

VI. Underwriting Information

Private Horse Owners

1. Is applicant's primary residence: Owned Rented
2. a. Applicant's named horses boarded at:
 Owned Premises Leased/Rented Premises Boarding Facility Racetrack Training Facility
 b. If at Owned Premises, are there any horses which the applicant doesn't own stabled or pastured at premises? Yes No
3. a. Are there any other operations conducted on the premises where the named horses are boarded? Yes No
 b. If yes, please provide full details: _____
4. Name and address of Boarding Facility: _____
5. a. Is there evidence of behavioral habits or vices with any of the applicant's named horses? Yes No
 b. If yes, please provide full details: _____
6. a. If use of named horse is race, is applicant named as an additional insured on the trainer's insurance policy? Yes No
 b. If yes, please provide full details: _____
7. a. Does the applicant own or use carts or buggies with any named horses? Yes No
 b. If yes, number of carts or buggies and use for carts (Pleasure, Pulling, Racing, Show or Other): _____

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VI. Underwriting Information (continued)

Race Horse Owners

8. a. Are the horses scheduled stabled on premises owned or leased by you? Yes No
b. If yes, please provide:
i. Location Address: _____
ii. Acres: _____
iii. Is the facility covered by a farm or homeowners policy? Yes No
a). If yes, please provide Carrier, Policy Term, and Limits of Liability: _____
9. a. Is(Are) horse(s) leased? Yes No
b. If yes, please provide copy of lease agreement.
10. a. Do you or your employees have any involvement with training or breeding of horses? Yes No
b. If yes, please explain: _____
11. a. Does your trainer carry liability and workers' compensation insurance? Yes No
b. Are certificates provided? Yes No

VII. Signature

The Applicant hereby applies for Private Horse Owner Liability or Race Horse Owner Liability coverage and understands that signing this Application does not bind the undersigned to purchase or the Insurer to sell any insurance policy. If a policy is issued, this Application and its attachments shall be the basis of such policy and shall be deemed attached to and shall form part of such policy. In making this application, the Policyholder represents that the statements in this Application and its attachments are true and complete and that the undersigned has the authority to bind the Policyholder to the proposed Policy. If there are material changes to any statements in this Application or its attachments prior to the inception date of the policy, the undersigned shall immediately notify the Insurer of such changes. Upon receipt of such notification, the Insurer shall have the right to modify or withdraw any outstanding terms or proposal.

Applicant:

Signed: _____ Date: _____
Printed Name: _____ Title: _____

Agent, broker or producer of this application for coverage (if applicable):

Printed Name: _____ Date: _____
Signed: _____ Agent License # in Applicant state: _____

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VIII. NOTICE TO APPLICANT

FRAUD WARNING: The laws of several states require the following statements to appear on the application form. These statements apply only to resident of the noted States.

Alabama: 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 restitution, fines or confinement in prison, or any combination thereof.

Arizona: Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a class 2 misdemeanor.

Arkansas, Louisiana, Rhode Island and West Virginia: 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.

Colorado: 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.

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.

District of Columbia: 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.

Florida: 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.

Kansas: 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 act material thereto may be guilty of fraud as determined by a court of law, and may be subject to criminal and civil penalties.

Kentucky: 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.

Maine and Tennessee: 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 or denial of insurance benefits.

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

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

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VIII. NOTICE TO APPLICANT (continued)

New York: 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.

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

Pennsylvania: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia and Washington: 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.

For all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 committing a fraudulent insurance act, which is a crime.