

**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.)

EQUIDAE INSURANCE
608 Virginia Street East, Suite 302, Charleston, WV 25301
www.equidaeinsurance.com
info@equidaeinsurance.com
(p) 304-346-1198
(f) 304-345-3535

Transaction	<input type="checkbox"/> New Business <input type="checkbox"/> Quote <input type="checkbox"/> Issue <input type="checkbox"/> Renewal of #	Effective Date		Quote Desired By
			to	

Direct Bill installment plans have fees.
Direct Bill to Applicant Annually Semiannually Quarterly

Applicant is Owner/Operator Absentee Owner Manager Corporation Partnership LLC Other

Applicant (include County and Zip Code)

Name							
Address							
City		County		State		Zip	
Phone		Email					

	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 the 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					
Name					
Address					
City		County		State	Zip

CHECK ONLY ONE	LIMITS OF INSURANCE
	OCCURRENCE/AGGREGATE
<input type="checkbox"/>	\$100,000 / \$200,000
<input type="checkbox"/>	\$300,000 / \$600,000
<input type="checkbox"/>	\$500,000 / \$1,000,000
<input type="checkbox"/>	\$1,000,000 / \$2,000,000
* If coverage is bound, Policy Minimum Premium is Fully Earned in the event of a mid-term cancellation	

Equipment and Tack Schedule	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000			
	Cause of Loss: <input type="checkbox"/> Special <input type="checkbox"/> Replacement Cost on Scheduled Tack			
#	Location	Year/Make/Model or Description	Serial#	Limit
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Loss Payee Schedule	(For Item#, use the number corresponding to the schedule above)	
Name	Address	Item#

Experience - 4 Years	Premium	Policy#	Coverage Dates	# of Claims	Loss Amount
Name of Company					

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation
<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 _____
Agent's Signature _____ Date _____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT, OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied.)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

Applicant's Signature _____ Date _____