

The Equestrian Group

A Division of Allen Financial Insurance Group

PERSONAL HORSE OWNERS LIABILITY (LIMITED COVERAGE)

**THIS APPLICATION IS FOR
PRIVATE HORSE OWNERS ONLY**



If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own over 10 horses, please complete a Commercial Equine Liability application.

**COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S).
BODILY INJURY TO PARTICIPANTS IS EXCLUDED.**

NAME OF INSURED		AGENCY NAME Jackie Wade Equine Insurance		AGENCY CODE
MAILING ADDRESS/CITY/STATE/ZIP CODE		MAILING ADDRESS/CITY/STATE/ZIP CODE 2869 Fred Everett Rd., La Grange, NC 28551		
TELEPHONE NUMBER ()		FAX NUMBER ()	TELEPHONE NUMBER (252) 268-1530	FAX NUMBER (888) 517-8138
EMAIL ADDRESS		EMAIL ADDRESS jackiewadeeia@gmail.com		
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) _____				
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS				
LIMITS OF LIABILITY (CHECK ONE)	<input type="checkbox"/> \$300,000 CSL / Occurrence \$ 600,000 General Aggregate <input type="checkbox"/> \$500,000 CSL / Occurrence \$1,000,000 General Aggregate <input type="checkbox"/> \$1,000,000 CSL / Occurrence \$2,000,000 General Aggregate			

- Are your horses stabled on premises owned or leased by you? ☐ YES ☐ NO
 (Stall rental at racetrack or boarding stable does not constitute leased premises.)
- Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies)?
☐ YES ☐ NO If you have answered "Yes" to either of the two questions above, coverage cannot be bound.
 Please submit a Commercial Equine Liability application for quote.

SCHEDULE OF ALL OWNED HORSES				
NAME OF HORSE	BREED	USE	AGE	COLOR / MARKINGS

IF HORSE IS UNNAMED, PROVIDE YEAR OF BIRTH, SIRE, AND DAM.

Liability Limit	Rate Per Horse	Total Horses	Total Premium	Min. Premium	
\$300,000 CSL	\$ 40.		\$	\$150.	Max 10 Horses
\$500,000 CSL	\$ 45.		\$	\$200.	Max 10 Horses
\$1,000,000 CSL	\$ 55.		\$	\$250.	Max 10 Horses
Policy rates not applicable in FL, LA, ME, NC, NJ, TX, VT. Refer to Company					

Additional Insureds may be added for an addition premium of \$25.00 each. (List below)

3. Are any of your horses leased to others or used for instruction to others? ☐ YES ☐ NO

4. Name of present or previous insurance company (if no previous company, state "none").

5. Have you had any claims in the past five (5) years? ☐ YES ☐ NO

If yes, give approximate dates and explanations including payments made. _____

6. Have you been canceled or denied coverage in the last three (3) years? ☐ YES ☐ NO

If yes, please explain. _____

<p>Additional Insured – Premises Owner – Name & Address</p>
<p>FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.</p> <p style="text-align: center;">WARRANTY</p> <p>I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to The Equestrian Group and it's Companies for Equine Liability Insurance. No coverage provided for Race Horses and/or Horses in Race Training. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).</p> <p>The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.</p>

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
X		X	

IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED.

INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.

The Private Horse Owner policy is designed to cover the owner of horses who is not personally involved in the commercial business of training, racing, breeding or boarding of horses, or providing riding instruction or any other commercial equine activity. The policy limits coverage to bodily injury and property damage caused directly by a horse, which is owned by the insured and scheduled on the policy.

Are your horses kept on your own property or property leased to you? Do horses other than your own occupy your premises or any of your stalls? Are other horse operations conducted on your premises? If you have answered, "yes" to any of these questions, contact your agent and request a Commercial Equine Liability application to complete in order to obtain appropriate coverage.