

Race Horse Owner's & Trainer's Commercial General Liability

Exclusively Underwritten By



Broker: _____ Broker Number: _____
 Broker License Number: _____
 Policy and/or Renewal #: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____ Contact Person: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Website:s _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease Pay Plan Desired? Yes No Ask your broker for more information.

Is applicant currently insured? Yes No
Most recent or present insurance company: _____ **Annual premium:** \$ _____

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No
If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

Has any racing license of any person named on the policy ever been suspended or revoked? Yes No

Attach a separate sheet and explain any "yes" answer.

Limits of Liability

Each Occurrence Limit <i>(Select one)</i>		\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit		\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)		\$50,000	\$50,000
Medical Payments (Any one Person)		\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$1,000,000	\$2,000,000
Triple Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	\$3,000,000
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>			

Comprehensive Personal Liability desired Yes No *(Only available with Farm Property coverage)*

Excess Coverage desired Yes No *(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)*

Excess limits (Each Occurrence and General Aggregate) \$1m \$2m \$3m \$4m \$5m

Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability desired Yes No **Products and Completed Operations desired** Yes No

Race Horse Owner's Liability desired Yes No **Personal and Advertising Injury desired** Yes No

Comprehensive Personal Liability Only Desired Yes No *(Only available with Farm Property coverage)*

Each Occurrence Limit <i>(Select one)</i>	\$300,000 <input type="checkbox"/>	\$ 500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit	\$600,000	\$1,000,000	\$2,000,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Do not list employees.

Name: _____ Address: _____ Relationship: _____
1. _____
2. _____
3. _____

Summary of Equine Activities

Please indicate the breed and type of racing activity you participate in: _____

Description of your operation: _____

Years experience in the racing industry: _____

What types of racing licenses do you hold and in what states: _____

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Riding Helmets are Required:

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Describe security measures utilized to prevent horse(s) from coming into contact with the general public: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of race horses and/or horses in race training which you or your business own, in full or in part: _____
Total number of non-racing horses (breeding / ponying etc.) which you or your business own/lease, in full or in part: _____
Maximum number of horses you lease to others on premises: _____
Maximum number of horses you lease to others off premises: _____

Breeding Yes No Average Stud Fee charged: \$ _____
Total number of stallions standing stud (Live and A.I.) on premises: _____
Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____
Total number of mares covered annually on premises: _____
Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No
What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____
Average number of horses on: Full Board: _____ Pasture Board: _____
Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____
Total number of stalls on premises: _____

Horse Sales Yes No

How many horses do you sell annually: _____ Owned by you: _____ Owned by others: _____ Total: _____

Average value of horses sold: _____ Owned by you:\$ _____ Owned by others:\$ _____

Training Yes No

Number of horses which you train and own, in full or in part. Maximum: _____ Minimum: _____ Yearly Average: _____

Number of horses in training in which you have no full or partial ownership: Maximum: _____ Minimum: _____ Yearly Average: _____

Description of operation: _____

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility? Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.) Yes No

Other animals on premises? Yes No If yes, how many, what type, and for what purpose: _____

Hunting on premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No

Please explain hunting activities: _____

Swimming pool on premises? Yes No

If yes, do you have a security fence around your pool? Yes No

Is the pool for your personal use only? Yes No

If no, please explain: _____

Is alcohol permitted on your premises? Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished on your premises? Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes No

The rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. **Coverage is not available to Commercial Haulers.** Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below.

	Maximum Limit Per Horse	Aggregate Limit Per Policy
<input type="checkbox"/> 1) Limit:	\$25,000 Per Horse /	\$250,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 2) Limit:	\$50,000 Per Horse /	\$300,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 3) Limit:	\$100,000 Per Horse /	\$300,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 4) Limit:	\$100,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 5) Limit:	\$250,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 6) Limit:	\$250,000 Per Horse /	\$1,000,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 7) Limit:	\$500,000 Per Horse /	\$500,000 Maximum Loss Per Policy Year
<input type="checkbox"/> 8) Limit:	\$500,000 Per Horse /	\$1,000,000 Maximum Loss Per Policy Year

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____
Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____
Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No
If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No
If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No
Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

Breeding: \$ _____ Boarding: \$ _____ Horse Sales: \$ _____
Training: _____
Other (_____

Note: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.
(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Arkansas, District of Columbia, Louisiana, Rhode Island, 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - 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 of the third degree.

Kansas - An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 - 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 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, 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.

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 with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Tennessee, Virginia, 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

Your intentional failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being subject to cancellation. If any of the material information in this application has been intentionally falsely stated by you or if material information has intentionally not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be subject to cancellation. The fraud or misrepresentation must be made with the intent to deceive.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/we further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature _____ Date _____

Broker Signature _____ Date _____
(required in NH)

States: