

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. _____

STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

VIRGINIA: 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.

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.

APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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**To start coverage, application and payment must be received during business hours and reviewed by an agent for acceptance.

**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED.
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.**

PLEASE NOTE

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? Are your premises, or any of your stalls occupied by horses other than your own? 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.

To pay your premium by
FAX 614-875-1549

MASTERCARD or VISA complete and sign this form and return it via
EMAIL info@FrysEquineInsurance.com or MAIL

Cardholder Name: _____

Policyholder (if different): _____

Billing address (include zip): _____

Card Number: _____

Security Code: _____

(found on back of card)

Expiration date: _____

Payment Amount: \$ _____

Card type: Visa _____

Mastercard _____

as this time, American Bankers is only accepting Visa and Mastercard

person authorizing charge to above account: _____ Date: _____

FRY\$ EQUINE INSURANCE AGENCY INC., P.O. Box, 820, Grove City, OH 43123 * 800-842-9021

CHECK AUTHORIZATION FORM . to be processed electronically by American Bankers/Assurant

If you wish to pay by check, you can attach your completed check here or complete the requested information:

Name of Account:

Bank Name:

Bank Routing Number:

Checking Account: Number:

Check/Reference #:

Amount: \$

I give American Bankers/Assurant the authorization to Electronic Transfer the above funds from the above account. I am verifying by my signature below that there are funds available for this withdrawal.

person authorizing charge to above account: _____ Date: _____