## American Reliable Insurance Company

Fry's Equine Insurance Agency 614-875-3755 fax 614-875-1549 info@FrysEquineInsurance.com

### PRIVATE 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 more than 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		AGENCY CODE		
MAILING ADDRESS			MAILING ADDRESS/CITY/STATE/ZIP CODE				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
TELEPHONE NUMBER	FAX NUMBER		TELEPHONE NUMBER	FAX NUMBER			
( ) ( ) EMAIL ADDRESS			( )	( )			
EMAIL ADDRESS			EMAIL ADDRESS				
APPLICANT IS:			<u> </u>				
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ OTHER (SPECIFY)							
IF NAMED INSURED IS A PARTNERSHIP	OR ORGA	ANIZATION, PROVIDE NAM	IES OF PARTNERS OR OFFICERS				
			County o	reside	ence:		
LIMITS OF LIABILITY (CHECK ONE)							
□ \$300,000 CSL/Occurrence □ \$500,000 CSL/Occurrence □ \$1,000,000 CSL/Occurrence \$2,000,000 CSL/Occurrence							
\$600,000 General Aggregate \$1,000,000 General Aggregate \$2,000,000 General Aggregate  Other (Inquire about the availability of higher per occurrence limits, triple aggregate or higher medical							
payments coverage.)							
		, ,					
(Stall rental at racetrack or boarding  2. Do you board, breed, train horses or  ☐ YES ☐ NO If you have	riders for co ave answer	ompensation or operate any ed "Yes" to either of the two	by you; nowever, there is NO pre	emise liak	ility coverage.		
SCHEDULE OF ALL OWNED HORSES							
NAME OF HORSE		BREED	USE	% OF	OWNERSHIP		
+							
			1				

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

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4. Name of present or previous insurance company (if no previous company, state "none").	
E. Have you had any claims in the past five (E) years? \( \square \text{VEC} \square \text{NO}	
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 co for insurance or statement of claim containing any materially false information or conceals, for the purp any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject succeptanties. (This wording does not apply in Oregon.)    FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a 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 fraud and is subject to criminal and civil penalties.    VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insural 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 to the best of his/her knowledge true.	ose of misleading, information concerning the person to criminal and substantial civil a statement of claim or an application insurance policy is guilty of insurance note company for the purpose of
APPLICANT'S SIGNATURE DATE AGENT'S SIGNATURE X	DATE

# 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.

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<sup>\*\*</sup>To start coverage,application and payment must be received during business hours and reviewed by an agent for acceptance.

To pay your premium by MASTERCARD or VISA complete and sign this form and return it via FAX 614-875-1549 EMAIL info@FrysEquineInsurance.com Policyholder (if different): Cardholder Name: Billing address (include zip): Security Code:\_\_\_\_ Card Number:\_\_\_\_\_ (found on back of card) Expiration date:\_\_\_\_\_ Payment Amount: \$\_\_\_\_\_ Card type: Visa \_\_\_\_\_ Mastercard\_\_\_\_ as this time, American Bankers is only excepting 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:

I give American Bankers/Assurant the authorization to Electronic Transfer the above funds from the above account. I am verifying by my

Date:

Checking Account: Number:

signature below that there are funds available for this withdrawal.

person authorizing charge to above account:

Check/Reference #:

Amount: \$