

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 / /
----------------------------	-------------	------------------------	-------------

**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.

--> Coverage can be bound for horses kept on property owned or leased by the insured; however, there is NO premise liability coverage.

--> If you need to add a boarding facility as an additional insured, there is a \$25 fee and we will need a current certificate of insurance specifically showing the boarding facility has equine liability and their address.



To pay your premium by
FAX 614-875-1549

EMAIL info@FrysEquineInsurance.com

complete and sign this form and return it via
or MAIL

Cardholder Name: _____ Policyholder (if different): _____

Billing address (include zip): _____

Card Number: _____ Security Code: _____ (found on back of card)

Expiration date: _____ Payment Amount: \$ _____ Invoice # _____ (found at top of invoice)

Card type: Visa _____ Mastercard _____ as this time, American Bankers is only accepting Visa and Mastercard

Signature: _____ Date: _____

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

CHECK AUTHORIZATION FORM – to be processed by Fry's Equine Insurance

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 Fry's Equine Insurance the authorization to generate a check to be drawn on the above account. I am verifying by my signature below that there are funds available for this withdrawal.

Signature: _____ Date: _____

***** If you are mailing a check, please make it payable to American Bankers Insurance Company**