



PLEASURE HORSE OWNERS LIABILITY APPLICATION

(NOTE: This is not a binder. Incomplete or unsigned applications will be returned for completion)

PRODUCER	NAME AND ADDRESS (include zip code)	AGENCY CODE:	
		AGENCY PHONE NO:	
TRANSACTION	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> RENEWAL OF# _____	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE	EFFECTIVE DATE: _____ to _____ QUOTE DESIRED BY: _____
APPLICANT	NAME AND ADDRESS (include county & zip code) PHONE NUMBER: (____) _____	APPLICANT IS: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____	

NAME OF HORSE	BREED	USE IF NOT PLEASURE	% OF OWNER-SHIP		NAME OF HORSE	BREED	USE IF NOT PLEASURE	% OF OWNER-SHIP
1.					6.			
2.					7.			
3.					8.			
4.					9.			
5.					10.			

- A. Are horses scheduled above stabled on premises of a farm owned or leased by you? Yes No
- B. If, "YES" to A, describe all facilities and uses including acreage and any other occupants. (Stall rental by you at a boarding facility does not constitute leased premises.) _____
- C. Do you own or use buggies, carts, wagons, carriages or any other type of vehicle? Yes No If "YES", how many? _____
Use? _____
- D. Is horse leased? Yes No If "YES", please explain: _____
- E. Do you have any involvement with training or breeding of horses? Yes No If "YES", please explain: _____
- F. Do you teach or give riding instructions? Yes No If "YES", please explain: _____
- G. Do you ride or show horses owned by others for remuneration? Yes No If "YES", please explain: _____

IF YOU ANSWERED 'YES' TO C, D, E, F, OR G ABOVE, PLEASE SUBMIT A COMPLETE TRAVELERS EQUINE LIABILITY APPLICATION CP 46 47.

PREVIOUS CARRIER AND LOSS HISTORY – 5 YEARS

COMPANY	POLICY NUMBER	EFFECTIVE DATE	DATES OF LOSSES	\$ AMOUNT OF LOSSES

Explain any losses: _____

Have you been cancelled or non-renewed in the past 5 years? Yes No If 'YES', please provide reason and explain: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact fact material thereto, commits a fraudulent act which is a crime.

Applicant's Signature

_____/_____/_____
Date