Race Horse Owners Liability								
Company Use Only	Coverage applies on	REATAMERICAN						
Customer No. Producer No								
		<u> </u>						
(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.) Agency's Name and address (Include Zip Code) Agency Phone # () -								
Agency's Name and address (includ		Agency Phone # () -					
City	St	Producer						
New Business Quote Issue	· · · ·	Effective Date	Quote Desired By					
Transaction Renewal of #		to						
Agency installments require premium to be \$1,000 or more plus to	here are installment	Direct Bill installmen	t plans have fees.					
Agency Bill A Semi-A Q 10 p		t Bill to Applicant A						
Applicant is Owner/Operator Absentee Owner Manager Corporation Partnership LLC								
Applicant - Name and address (include County and Zip Code)								
City	Co	St	Zip					
Insured's Phone Number () -								
Name of Horse	Breed	Use	% of Ownership					
1								
2								
3								
4								
5								
 A. Are the horses scheduled above stabled on premise of a farm owned or leased by you? Yes No B. If "Yes" to A, describe all facilities and uses including acreage. Is facility covered by farm or homeowner policy? Provide name of carrier, policy term and limits of liability. Stall rental by you at a boarding facility does not constitute leased premises. 								
C. Is horse leased? Yes No Explain	"Yes" answer and provid	e copy of lease agreeme	ent					
D. Do you or your employees have any involvement with training or breeding of horses? Yes No Explain "Yes" answer								
 E. Does your trainer carry liability and workers' cor Are certificates provided? Yes No 	mpensation insurance?	Yes No						
IF YOU HAVE ANSWERED 'YES' TO 'C', ABOVE, TH SUBMIT THE	E RATES INDICATED ON PROPER APPLICATION F		PLEASE					
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Race Horse Owners Liability - Continued													
Name and addr	ress									Additional insured			
of boarding faci	ility	У									form required.		
											_		
Code 88281			М	inimum Pre	miums are	Fully	Earned	Dava	nium	State Tax /			
CHECK ONLY L		S OF INSURANCE	Minimum Premiums are Fully Earned GOF INSURANCE Number of Horses							Su	rcharge	Final Prem	
		ENCE/AGGREGATE / \$600,000	-	1-5	6-10	1	1-15	Cha	arge	Refer to Co		By Compa	any
		/ \$1,000,0000		\$350 \$500	\$500 \$750		\$750 \$1,000						
		00 / \$2,000,000	-	\$750	\$1,000		\$1,250						
* Fully Earned premium means no return premium for mid-term cancellations.													
Experience - 4 Y									# o		_		
Nan	ne of	Company		Premium Policy #		/#	Dates		Claims		Loss Amount		
Explain any loss	ses												
Have you been o	ance	elled or non-renew	/ed	in the pas	st 3 years	;?		Yes	No		If 'Yes	', give reaso	on:
Comments													
ooninients													
INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES													
Delaware: A		SURANCE FRAUD Warson who knowingly ar										of claim conta	aining
a	any fal	se, incomplete or misle	adin	ig informatio	n is guilty o	f a felo	ny.						,
		erson who knowingly an ning any materially false											
		• • •					•	misiea	ung, m	IOIIII	ation con	cerning any i	laci
	material thereto commits a fraudulent insurance act, which is a crime. Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any										-		
	false, incomplete or misleading information shall, upon conviction, be subject to immprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.												
Minnesota: A	A pers	on who submits an app											rer is
	guilty of a crime.												
A	 All Insurance applications and claim forms except auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for 												
		nce or statement of clai ation concerning any fa		• •							• •		U .
		ject to a civil penalty no											50
		erson who, with intent to										mits an	
		ation or files a claim cor IING: Any person who l										es anv claim	for
ti	he pro	ceeds of an insurance	polio	cy containing	g any false,	incom	plete or m	isleadir	ng infor	matio	on is guilt	y of a felony.	
		erson who knowingly an ncomplete or misleadin											ny
		nt of a fine of up to \$15	-		ii, upoir oor	violion	, 50 005]0		prioorn	none		r youro and	
The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I have not													
willfully concealed or misrepresented any material, fact or circumstance concerning this application.													
Applicant's Signature	:								Dat	е			
Agents Signature:									Dat	e			
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