

Race Horse Owners Liability - Continued

Name and address of boarding facility		Additional insured form required.
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Code 88281		Minimum Premiums are Fully Earned			Premium	State Tax / Surchage	Final Premium
CHECK ONLY	LIMITS OF INSURANCE	Number of Horses			Subject to State Charge	Refer to Co	By Company
ONE	OCCURRENCE/AGGREGATE	1-5	6-10	11-15			
	\$300,000 / \$600,000	\$350	\$500	\$750			
	\$500,000 / \$1,000,000	\$500	\$750	\$1,000			
	\$1,000,000 / \$2,000,000	\$750	\$1,000	\$1,250			

*** Fully Earned premium means no return premium for mid-term cancellations.**

Experience - 4 Years				Coverage Dates	# of Claims	Loss Amount
Name of Company	Premium	Policy #				

Explain any losses

Have you been cancelled or non-renewed in the past 3 years?	Yes	No	If 'Yes', give reason:

Comments

INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES

<input type="checkbox"/> Delaware:	Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<input type="checkbox"/> Kentucky:	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
<input type="checkbox"/> Michigan:	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 imprisonment 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.
<input type="checkbox"/> Minnesota:	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<input type="checkbox"/> New York:	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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such
<input type="checkbox"/> Ohio:	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<input type="checkbox"/> Oklahoma:	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<input type="checkbox"/> Pennsylvania:	Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

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: _____	Date _____
Agents Signature: _____	Date _____