American Bankers

Insurance Company of Florida

8655 E. Via De Ventura, Suite E200 Scottsdale, Arizona 85258 (480) 483-8666

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 NUMBE		MBER				
EMAIL ADDRESS			EMAIL ADDRESS						
APPLICANT IS: INDIVIDUAL PARTNERSHIP OTHER (SPECIFY)									
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS									
LIMITS OF LIABILITY (CHECK ONE) \$300,000 CSL/Occurrence \$600,000 General Aggregate Other Other Dyments coverage.) \$500,000 CSL/Occurrence \$1,000,000 CSL/Occurrence \$1,000,000 General Aggregate \$2,000,000 General Aggregate \$2,000,000 General Aggregate Occurrence limits, triple aggregate or higher medical									
 Are your horses stabled on premises owned or leased by you? (Stall rental at racetrack or boarding stable does not constitute leased premises.) Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies)?									
SCHEDULE OF ALL OWNED HORSES									
NAME OF HORSE		BREED	USE	% OF	OWNERSHIP				

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

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3.	. Are any of your horses leased to others or used for instruction to others?							
4.	Name of present or previous insurance company (if no previous company, state "none").							
5.	If yes, give approximate dates and explanations including payments made.							
6.								
for an	containing any false, incomplete, or misleadi NEW JERSEY: Any person who includes ar fraud and is subject to criminal and civil pena VIRGINIA: It is a crime to knowingly provide	ny materially false insurance act, who in.) with intent to injure, ng information is guny false or misleadiralties. If alse, incomplete, or	information or conceals, for the purich is a crime, and may subject su	rpose of misleading, information concerning uch person to criminal and substantial civil s a statement of claim or an application an insurance policy is guilty of insurance)			
	defrauding the company. Penalties include in the undersigned hereby applies for insurance conthe best of his/her knowledge true.	mprisonment, fines,	and denial of insurance benefits.					
<u> </u>					_			
API Y	PLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	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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