

## Equine Personal Liability – Change Request

**Exclusively Underwritten By  
AMERICAN EQUINE  
INSURANCE GROUP**



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### **Request to add horse(s)**

Requested effective date of additional horse(s): \_\_\_\_\_

Name of Horse	Breed	Sex*	Use**	Age	Color	Height	Markings/Tattoos
* G-Gelding, M-Mare, S-Stallion ** Please be specific. For horses used for driving/pulling/work, you must complete the Driving Horse Personal Liability Supplemental Application for coverage consideration. An additional premium will apply for eligible horses.							
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

Are all horses owned by the applicant? Yes  No   
 If no, please provide the following.

Name of Horse	Name of Owner	Address of Owner	Is there a written lease agreement (Yes / No)	Does the owner need to be named on an Owner Endorsement (Yes / No)

### **Additional Insureds**

List any requested Additional Insureds and their connection to your horse(s) for coverage consideration below. Additional premium will apply. (Do not list owners of horses you lease.)

Name:	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____

### **Request to delete horse(s)**

Name of horse: \_\_\_\_\_ Deletion date: \_\_\_\_\_ Reason for deletion: \_\_\_\_\_  
 Name of horse: \_\_\_\_\_ Deletion date: \_\_\_\_\_ Reason for deletion: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_