

# Personal Horse Owner's Liability

**EXCLUSIVELY UNDERWRITTEN BY  
AMERICAN EQUINE  
INSURANCE GROUP**



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Desired Effective Date: \_\_\_\_\_

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

Type of Ownership:       Individual                       Partnership                       Corporation

CHECK ONLY ONE	LIMITS OF INSURANCE		MINIMUM ANNUAL POLICY PREMIUM FOR 1 TO 5 HORSES (FULLY EARNED)
	OCCURRENCE	AGGREGATE	
<input type="checkbox"/>	\$ 300,000	\$ 600,000	\$ 150
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	\$ 200
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	\$ 250

Name of Horse	Breed	Sex*	Use**	Age	Color	Height	Markings/Tattoos
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

\* G-Gelding, M-Mare, S-Stallion

\*\* Any horses used for driving/pulling/work must also complete the Driving Horse Personal Horse Owner's Liability Supplemental Application for coverage consideration. Additional premium will apply.

*Extra Horses may be added for an additional cost of \$ 40.00 each. (Use separate sheet if necessary.)*

Extra Horse 1. \_\_\_\_\_  
 Extra Horse 2. \_\_\_\_\_  
 Extra Horse 3. \_\_\_\_\_  
 Extra Horse 4. \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Have you had any liability claims or reported incidents in the past three years?                      **Yes  No**   
 Explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid. Attach a separate sheet if necessary.

Have you had coverage cancelled or refused in the past three years?                      **Yes  No**   
 If yes, explain.

***I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.***

***I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.***

*(Must be signed and dated)*

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_