

PERSONAL HORSE OWNER'S LIABILITY

Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Type of Ownership: Individual Partnership Corporation

CHECK ONLY ONE	LIMITS OF INSURANCE	
	OCCURRENCE	AGGREGATE
<input type="checkbox"/>	\$ 300,000	\$ 600,000
<input type="checkbox"/>	\$ 500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000

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

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

**Any horse 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.

(Must be signed and dated)

Applicant's signature: _____

Print name: _____ Date: _____