

RACE HORSE OWNER'S PERSONAL LIABILITY

Owner: _____

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

Phone: _____ Fax: _____ Contact Person: _____

Type of Ownership: Individual Partnership Corporation

CHECK ONLY ONE	LIMITS OF INSURANCE		NUMBER OF HORSES OWNED
	OCCURRENCE	AGGREGATE	
<input type="checkbox"/>	\$ 500,000	\$1,000,000	1 TO 5
<input type="checkbox"/>	\$1,000,000	\$2,000,000	1 TO 5
<input type="checkbox"/>	\$ 500,000	\$1,000,000	6 TO 10
<input type="checkbox"/>	\$1,000,000	\$2,000,000	6 TO 10

Please indicate the breed and racing activity your horses participate in: _____

Do you own over 10 horses in total? Yes No

If yes, indicate the total number of horses you own: _____ Submit this application for a quote

Do you train your own race horses? Yes No If yes, explain: _____

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: _____