

American Bankers
Insurance Company of Florida

222 South 15th Suite 600 S
Omaha, NE 68102

**APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME		
ADDRESS		
TELEPHONE NO. ()	FAX NO. ()	AGENCY CODE

THIS IS NOT A BINDER

<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE / /	<input type="checkbox"/> POLICY NO. CCC
<input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> RENEWAL – EXPIRATION DATE / /	

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO. ()
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
CITY/STATE/ZIP CODE	

IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE. _____ _____ _____
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IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____

DESCRIBE CONDITION OF FENCES:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
DESCRIBE CONDITION OF STABLES:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR

OPERATIONS: STABLE OWNER BOARDING BREEDING TRAINING OTHER

BREED OF ANIMALS _____ USE OF ANIMALS _____

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? YES NO

IS ANY STABLE OVER 25 YEARS OLD? YES NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED,

CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____

CARE, CUSTODY OR CONTROL PROGRAM

NUMBER OF STALLS: BARN #1 _____ BARN #2 _____ BARN #3 _____ BARN #4 _____
MINIMUM NUMBER OF HORSES IN YOUR CARE _____ MINIMUM VALUE OF HORSES IN YOUR CARE _____
AVERAGE NUMBER OF HORSES IN YOUR CARE _____ AVERAGE VALUE OF HORSES IN YOUR CARE _____
MAXIMUM NUMBER OF HORSES IN YOUR CARE _____ MAXIMUM VALUE OF HORSES IN YOUR CARE _____

SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.

**POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.**

DO YOU TRANSPORT HORSES FOR OTHERS? YES NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____
MAXIMUM NUMBER OF ANIMALS PER TRIP _____ RADIUS OF NORMAL OPERATIONS _____ miles
NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____
HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED _____
ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? YES NO
DO AT LEAST TWO PEOPLE GO ON EACH TRIP? YES NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED

FRAUD NOTICES

Standard: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE

X

DATE

/ /

AGENT SIGNATURE

X

DATE

/ /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

**CARE, CUSTODY OR CONTROL PROGRAM
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss Per Policy Year
<input type="checkbox"/> \$2,500	\$25,000
<input type="checkbox"/> \$5,000	\$25,000
<input type="checkbox"/> \$5,000	\$50,000
<input type="checkbox"/> \$10,000	\$50,000
<input type="checkbox"/> \$10,000	\$100,000
<input type="checkbox"/> \$15,000	\$150,000
<input type="checkbox"/> \$25,000	\$250,000
<input type="checkbox"/> \$75,000	\$300,000
<input type="checkbox"/> \$100,000	\$300,000
<input type="checkbox"/> \$150,000	\$400,000
<input type="checkbox"/> \$200,000	\$500,000
<input type="checkbox"/> \$500,000*	\$1,000,000*

*Limits of \$500,000/\$1,000,000 must be referred to the company for approval