

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES
IN YOUR CARE, CUSTODY OR CONTROL

Agency Name AssuredPartners NL		
Mailing Address 2325 Green Valley Road, Ste 205		E-Mail Address equine@assuredptrnl.com
Telephone No. 812-941-4110	Fax No. 812-944-8010	Agency Code: 3157001

This is NOT a Binder

<input type="checkbox"/> Direct Bill	<input type="checkbox"/> New Business – Desired Effective Date _____
<input type="checkbox"/> Account Current	<input type="checkbox"/> Renewal – Expiration Date _____ Policy No: CCC _____

IMPORTANT. INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

Name of Insured		Business / Stable Name	
Mailing Address			
City / State / Zip Code			
Telephone Number Home / Stable or Business		Fax Number	Email Address
Location of actual operations if other than mailing address			
If a corporation, list all officers and directors. If a 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 or <input type="checkbox"/> Rent The premises ?	How long has the insured or manager been in this business? _____ years. If less than three years, briefly describe related experience. _____ _____
If leased/ rented, who is responsible for the fence repair? _____ If leased / rented, who is responsible for building repair? _____ Describe type of fencing used in runs, pastures, paddocks: _____ Describe condition of fencing: <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: <input type="checkbox"/> Stable Owner <input type="checkbox"/> Boarding <input type="checkbox"/> Breeding <input type="checkbox"/> Training <input type="checkbox"/> Other _____ (Check all that apply)	
Breed of animals: _____ Use of animals: _____ Describe type of security / supervision of stables _____	
Are fire extinguishers accessible and operable in each stable? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any stable over 25 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was the last time electrical wiring was checked, certified safe, and suitable for current usage? _____	

Care, Custody or Control

Number of Stalls: Barn #1 _____ Barn #2 _____ Barn #3 _____ Barn #4 _____
 Minimum number of non-owned horses _____ Minimum value of non-owned horses _____
 Average number of non-owned horses _____ Average value of non-owned horses _____
 Maximum number of non-owned horses _____ Maximum value of non-owned horses _____

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM THE 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 _____

Describe any losses or potential claims in the past three years and include deaths of any animal(s) in your custody, even if 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 false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Name of Application (please print)

Signature of Applicant:

Date

Agent Signature

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 statement, 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.

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

LEGAL LIABILITY – CARE, CUSTODY AND CONTROL PROGRAM PREMIUM RATING RULES AND GUIDELINES

Premium for the limits chosen will be rated on the average number of horses in the care of the insured or the total number of horses stabled in any one barn, whichever is greater.

Rating on this policy for the limits of liability chosen includes incidental transit, which is generally defined as 6 trips of 150 miles or less, per year, carrying 1 or 2 non-owned horses. If our Transportation Extension Endorsement is used the 150-mile radius restriction is removed and changes it to an Unlimited Radius for an additional premium of \$100 annually.

Please select the desired limit below and return this page with your completed and signed application.

RATES & LIMITS OF LIABILITY

Limit per Horse	Maximum loss per year	Policy premium for up to 8 horses	Add'l \$ each horse over 8
<input type="checkbox"/> \$2,500	\$25,000	\$150.00	\$8.00
<input type="checkbox"/> \$5,000	\$25,000	\$150.00	\$10.00
<input type="checkbox"/> \$5,000	\$50,000	\$200.00	\$10.00
<input type="checkbox"/> \$10,000	\$50,000	\$225.00	\$12.00
<input type="checkbox"/> \$10,000	\$100,000	\$250.00	\$15.00
<input type="checkbox"/> \$15,000	\$150,000	\$300.00	\$18.00
<input type="checkbox"/> \$25,000	\$250,000	\$350.00	\$20.00
<input type="checkbox"/> \$50,000	\$250,000	\$550.00	\$25.00
<input type="checkbox"/> \$75,000	\$300,000	\$650.00	\$30.00
<input type="checkbox"/> \$100,000	\$300,000	\$700.00	\$35.00
<input type="checkbox"/> \$150,000	\$400,000	\$1,050.00	\$55.00
<input type="checkbox"/> \$200,000	\$400,000	\$1,150.00	\$75.00
<input type="checkbox"/> \$500,000	\$1,000,000	\$1,500.00	\$95.00