

# Equine Personal Liability

SMITH-EMBRY INSURANCE ASSOCIATES, INC.  
 3044 Breckenridge Lane, Suite LL1  
 Louisville, KY 40220-2193  
 Phone: (502) 493-9911 Fax: (502) 493-0070



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

**Note: Incomplete applications will be returned to the applicant.**

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

Is applicant currently insured?  Yes  No

**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium: \$** \_\_\_\_\_

Do you lease any of your horses **to** others? Yes  No   
**If yes, you are not eligible for Equine Personal Liability coverage. Ask your broker for more information on coverage options.**

Have you had any liability claims or reported incidents in the past five years? Yes  No   
 If yes, please explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Have you had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes  No   
 If yes, please explain.

Check Only One	Limits of Liability		Minimum Annual Base Premium For 1 to 5 Horses (Fully Earned)	Additional Insureds (Additional premium per each A.I.)
	Occurrence	Aggregate		
<input type="checkbox"/>	\$ 300,000	\$ 600,000	\$ 150	\$ 10 each A.I.
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	\$ 200	\$ 15 each A.I.
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	\$ 250	\$ 20 each A.I.

Name of Horse	Breed	Sex*	Use**	Age	Color	Height	Markings/Tattoos
* G-Gelding, M-Mare, S-Stallion							
** Please be specific. For horses used for driving/pulling/work, you must complete the Driving Horse Personal Liability Supplemental Application for coverage consideration. An additional premium of \$40 per horse will apply for eligible horses used for driving/pulling/work.							
1.							
2.							
3.							
4.							
5.							
Additional horses over 5 horses may be added at a cost of \$40.00 each.							
6.							
7.							
8.							
9.							
10.							

Do you keep any of your horse(s) at locations that you own, lease, or occupy?

Yes  No

If yes, please describe the facility and equestrian activities you and your horse(s) engage in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all horses owned by the applicant?

Yes  No

If no, please provide the following.

Name of Horse	Name of Owner	Address of Owner	Is there a written lease agreement (Yes / No)	Does the owner need to be named on an Owner Endorsement (Yes / No)
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Insureds**

List any requested Additional Insureds and their connection to your horse(s) for coverage consideration below. Additional premium will apply. (Do not list owners of horses you lease.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Premium Calculation Section**

Base Premium	Includes up to 5 horses. (Premium from page 1 based on limits selected.)	\$ _____
Additional Horses	Number of additional horses over 5 horses: _____ X \$40 each =	\$ _____
Driving Horses	Number of driving horses: _____ X \$40 each =	\$ _____
Additional Insureds	Number of Additional Insureds: _____ X \$ _____ each (Additional premium per A.I. from page 1.) =	\$ _____
<b>Total Annual Premium:</b>		\$ _____

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

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 insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

*In New Jersey*

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

*In Ohio*

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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. I/We understand that this application is not a binder. **No coverage is provided for Race Horses and/or Horses in Race Training.**

(Must be signed and dated)

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

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