



## PLEASURE HORSE OWNERS LIABILITY APPLICATION

**(NOTE: This is not a binder. Incomplete or unsigned applications will be returned for completion)**

PRODUCER	NAME AND ADDRESS (include zip code)	AGENCY CODE: AGENCY PHONE NO:
TRANSACTION	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> RENEWAL OF# _____	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE
		EFFECTIVE DATE: _____ / _____ / _____ to _____ / _____ / _____ QUOTE DESIRED BY: _____ / _____ / _____
APPLICANT	NAME AND ADDRESS (include county & zip code)   PHONE NUMBER: _( _____ ) _____	APPLICANT IS: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____

NAME OF HORSE	BREED	USE IF NOT PLEASURE	% OF OWNER-SHIP	NAME OF HORSE	BREED	USE IF NOT PLEASURE	% OF OWNER-SHIP
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

- A. Are horses scheduled above stabled on premises of a farm owned or leased by you?     Yes    No
- B. If, "YES" to A, describe all facilities and uses including acreage and any other occupants. (Stall rental by you at a boarding facility does not constitute leased premises.) \_\_\_\_\_
- C. Do you own or use buggies, carts, wagons, carriages or any other type of vehicle?     Yes    No    If "YES", how many? \_\_\_\_\_  
Use? \_\_\_\_\_
- D. Is horse leased?     Yes    No    If "YES", please explain: \_\_\_\_\_
- E. Do you have any involvement with training or breeding of horses?     Yes    No    If "YES", please explain: \_\_\_\_\_
- F. Do you teach or give riding instructions?     Yes    No    If "YES", please explain: \_\_\_\_\_
- G. Do you ride or show horses owned by others for remuneration?     Yes    No    If "YES", please explain: \_\_\_\_\_

IF YOU ANSWERED 'YES' TO C, D, E, F, OR G ABOVE, PLEASE SUBMIT A COMPLETE TRAVELERS EQUINE LIABILITY APPLICATION CP 46 47.

**PREVIOUS CARRIER AND LOSS HISTORY – 5 YEARS**

COMPANY	POLICY NUMBER	EFFECTIVE DATE	DATES OF LOSSES	\$ AMOUNT OF LOSSES

Explain any losses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been cancelled or non-renewed in the past 5 years?    Yes    No   If 'YES', please provide reason and explain: \_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act which is a crime.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date