



# LAUREL FOWLER INSURANCE BROKER INC. - YOUR MANE INSURANCE SOURCE

877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (805) 473-2227 Fax: (805) 473-0202 Lic #: 0B57610

## PRIVATE HORSE OWNERS ONLY

3.	Are any of your horses leased to others or used for instruction for others? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Name of present or previous insurance company (if no previous company, state "none").
5.	Have you had any claims in the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give approximate dates and explanations including payments made:
6.	Have you been canceled or denied coverage in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

**STANDARD FRAUD WARNING:** 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon).

**FLORIDA:** Any person who knowingly and with intent to injure, 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:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

APPLICANT'S SIGNATURE	DATE
X	/ /
AGENT'S SIGNATURE	DATE
X	/ /

**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED.  
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE IN ORDER TO BIND COVERAGE.**

### PLEASE NOTE

The Private Horse Owner policy is designed to cover the owner of horses who is not personally involved in the commercial business of training, racing, breeding or boarding of horses, or providing riding instruction or any other commercial equine activity. The policy limits coverage to bodily injury and property damage caused directly by a horse, which is owned by the insured and scheduled on the policy.

Are your horses kept on your own property or property leased to you? Are your premises, or any of your stalls occupied by horses other than you own? Are other horse operations conducted on your premises? If you have answered "yes" to any of these questions, contact your agent and request a Commercial Equine Liability application to complete in order to obtain appropriate coverage.

### NAME AND ADDRESS OF ADDITIONAL INSURED

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PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_