

YOUR MANE INSURANCE SOURCE

877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (940) 324-9559 Fax: (940) 455-7121 Lic #: 0B57610

PRIVATE HORSE OWNERS ONLY

If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own more than 10 horses, please complete a Commercial Equine Liability application.

COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S). BODILY INJURY TO PARTICIPANTS IS EXLUDED.

NAME OF INSURED			AGENCY NAME LAUREL FOWLER INSURANCE BROKER, INC.		AGENCY CODE		
MAILING ADDRESS			MAILING ADDRESS 877 NOYES RD				
СІТҮ	STATE	ZIP CODE	CITY ARROYO GRANDE	STATE CA	ZIP CODE 93420		
TELEPHONE NUMBER ()	FAX NUMBER ()		TELEPHONE NUMBER	FAX NUMBER ()			
EMAIL ADDRESS			EMAIL ADDRESS				
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS							
	\$500,000 CSL/Occurrence \$1,000,000 General Aggregate		\$1,000,000 CSL/Occurrence \$2,000,000 General Aggregate				
(Inquire about the availability of higher per occurrence limits, triple aggregate or higher medical payments coverage)							

- 1. Are your horses stabled on premises owned or leased by you? (Stall rental at racetrack or boarding stable does not constitute leased premises.)
- 2. Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies):? □ Yes □ No

If you answered "Yes" to either of the two questions above, coverage cannot be bound. Please submit a Commerical Equine Liability application for a quote.

SCHEDULE OF ALL OWNED HORSES

Schebble of ALE OWNED Horises							
NAME OF HORSE	BREED	USE	% OF OWNERSHIP				

IF HORSE IS UNNAMED, PROVIDE YEAR OF BIRTH, SIRE, AND DAM.

LAUREL FOWLER INSURANCE BROKER INC. - YOUR MANE INSURANCE SOURCE 877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (951) 757-6092 Fax: (951) 600-9621 Lic #: 0B57610

Agents - Daren & Diana Humphries

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3.	Are any of your horses leased to others or used for instruction for others? Yes 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? □ Yes □ 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? Yes 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 falst 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.
- D 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.
- URGINIA: 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	1 1

IMPORTANT - ORGINAL 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

PHONE NUMBER:

FAX NUMBER: _____