

**Agri-Risk Services, Inc.**

**AMERICAN BANKERS INS. COMPANY OF FLORIDA - Private Horse Owner Application**

AGENCY NAME <b>AGRI-RISK SERVICES INC.</b>		WEB SITE <b>www.agririsk.com</b>
ADDRESS <b>7540 WEST 160 STREET, SUITE 100, OVERLAND PARK, KS 66085</b>		
TELEPHONE NO. <b>800-821-5558</b>	FAX NO. <b>913- 897-1444</b>	AGENCY CODE <b>3422</b>

**THIS IS NOT A BINDER**

DIRECT BILL       NEW BUSINESS – DESIRED EFFECTIVE DATE   /  /    
 ACCOUNT CURRENT       RENEWAL – EXPIRATION DATE   /  /         POLICY NO. CCC   

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.**

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
COUNTY	CITY/STATE/ZIP CODE
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS	

**LIMITS OF LIABILITY (CHECK ONE)**

<input type="checkbox"/> <b>\$1,000,000 CSL/Occurrence (Recommended)</b>	<input type="checkbox"/> <b>\$500,000 CSL/Occurrence</b>
<b>Premium \$235.00 for up to 4 horses</b>	<b>Premium \$150.00 for up to 3 horses</b>
<b>\$2,000,000 General Aggregate</b>	<b>\$1,000,000 General Aggregate</b>

Other - Inquire about availability of higher occurrence limits, triple aggregate or higher med. payments coverage.

1. Do you board, breed, train horses or riders for compensation, stand a stallion or operate any commercial equine activity (ies)?  **YES**     **NO**  
 If you have answered "Yes", coverage cannot be bound.  
 (Please submit a Commercial Equine Liability application for quote.)

Schedule of All Owned Horses			
Name of Horse	Breed	Use	% Ownership

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

2. Are any of your horses leased to others or used for instruction to others?  YES     NO  
 3. Name of present or previous insurance company (if no previous company, state "none").

\_\_\_\_\_

**Agri-Risk Services, Inc.**

4. Have you had any claims in the past five (5) years?  YES  NO

If yes, please explain \_\_\_\_\_

5. Have you been canceled or denied coverage in the last three (3) years?  YES  NO

If yes, please explain \_\_\_\_\_

6. Are you required to add your landowner/facility owner as an Additional Insured?  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 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, 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:** 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.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>AGENT'S SIGNATURE</b>	<b>DATE</b>
X	/ /	X	/ /

**Please enclose payment with application.**

**Payment Options:**

**Full Premium Payment Required: CHECKS ONLY** (Make payable to **Agri-Risk Services**)

**Secure Pay On-line Now Available!**

(See [www.agririsk.com](http://www.agririsk.com))

**How did you hear about us?**  YAHOO  GOOGLE  MAGAZINE  REFERRAL Name: \_\_\_\_\_

**Can we send you information on:**

**Equine Mortality/Theft**

**Major Medical:** (Includes Surgery)

(Check Limit)  \$2,500  \$5,000  \$7,500  
 \$10,000  \$12,500

**Agreed Value/Guaranteed Renewal**

**Surgical only**

(Check Limit)  \$2,500  \$5,000  \$7,500  
 \$10,000  \$12,500