



# Private Horse Owner Liability Supplement

7540 W. 160<sup>th</sup> Street, Suite 100, Stilwell, KS 66085 Phone: (800) 821-5558  
Fax: (913) 897-1444 Website: www.agririsk.com

Policy Number: \_\_\_\_\_

Effective Date (of change): \_\_\_\_\_ (If adding a horse, effective date will be confirmed by company.)

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<input type="checkbox"/> <b>Mailing Address Change</b>
Original Mailing Address:
City: _____ State: _____ Zip Code: _____
New Mailing Address:
City: _____ State: _____ Zip Code: _____

<input type="checkbox"/> <b>Add / Delete Horses</b>
1. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____
2. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____
3. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____
4. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____
5. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____
6. Horse Name: _____ <input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>
Age: _____ % of Ownership: _____ Use: _____ Color: _____ Sex: _____ Breed: _____

For unnamed horses: Under Name of Horse, write "Unnamed Horse", Sire and Dam's name, and indicate year horse was born.

<input type="checkbox"/> <b>Horse Name Changes</b>
1. Name as stated on policy: _____ New Horse Name: _____
2. Name as stated on policy: _____ New Horse Name: _____

<b>Breeding Section (No products liability provided.)</b> <input type="checkbox"/> <b>No Exposure</b>
1. Number of horses bred per year: _____
2. a. Are mares, not owned by you, kept on premises until foaling? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
b. Number of mares not owned by you: _____
3. Are owned stallions shipped off premises for breeding? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4. Any sales and/or shipment of semen? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5. Receipts from breeding operation: \$_____

<b>Additional Information / Comments</b>

**This supplement must be approved by Agri-Risk Services, Inc. prior to coverage being bound. This supplement becomes part of your application and must be signed and dated.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_