

# American Bankers Insurance Company of Florida

222 South 15<sup>th</sup> Suite 600 S  
Omaha, NE 68102

## LEGAL LIABILITY CARE, CUSTODY OR CONTROL RENEWAL QUESTIONNAIRE

INSURED / DBA		AGENT	CODE
PHONE NUMBER / E-MAIL ADDRESS		PHONE NUMBER / E-MAIL ADDRESS	
POLICY NUMBER	EXPIRATION DATE	FAX NUMBER	

Renew my policy based on the following information:

Breed of horses \_\_\_\_\_ Use of horses \_\_\_\_\_

**Number** of Non-Owned horses in your care:

Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

**Value** of Non-Owned horses in your care:

Per horse – Maximum \$ \_\_\_\_\_ Minimum \$ \_\_\_\_\_ Average \$ \_\_\_\_\_

Renew current Limits of: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Revise Limits to: \$ \_\_\_\_\_ per horse, \$ \_\_\_\_\_ maximum loss per policy year

Do you transport horses for others?  Yes  No Maximum number of trips per year \_\_\_\_\_

Maximum number of horses per trip \_\_\_\_\_ Normal radius of operation \_\_\_\_\_ (miles)

Number of trips and destinations exceeding normal 150 mile radius \_\_\_\_\_

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

INSURED'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
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**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED**  
**APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**