American Bankers
Insurance Company of Florida

222 South 15th Suite 600 S
Omaha, NE 68102

APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

AGENCY NAME		
ADDRESS		
TELEPHONE NO. ( )	FAX NO. ( )	AGENCY CODE

THIS IS NOT A BINDER

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

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS 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	
CITY/STATE/ZIP CODE	
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS.	

A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.

DO YOU:
☐ OWN
☐ LEASE
☐ RENT THE PREMISES?

HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS.
IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.
_____
_____
_____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? _____

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? _____

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: _____

DESCRIBE CONDITION OF FENCES: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR
DESCRIBE CONDITION OF STABLES: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

OPERATIONS: ☐ STABLE OWNER ☐ BOARDING ☐ BREEDING ☐ TRAINING ☐ OTHER
_____

BREED OF ANIMALS _____ USE OF ANIMALS _____
DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES _____
_____

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE? ☐ YES ☐ NO
IS ANY STABLE OVER 25 YEARS OLD? ☐ YES ☐ NO IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? _____

CARE, CUSTODY OR CONTROL PROGRAM

NUMBER OF STALLS: BARN #1 _____ BARN #2 _____ BARN #3 _____ BARN #4 _____

MINIMUM NUMBER OF HORSES IN YOUR CARE _____ MINIMUM VALUE OF HORSES IN YOUR CARE _____

AVERAGE NUMBER OF HORSES IN YOUR CARE _____ AVERAGE VALUE OF HORSES IN YOUR CARE _____

MAXIMUM NUMBER OF HORSES IN YOUR CARE _____ MAXIMUM VALUE OF HORSES IN YOUR CARE _____

SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.
***COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.**

DO YOU TRANSPORT HORSES FOR OTHERS? ☐ YES ☐ NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR _____

MAXIMUM NUMBER OF ANIMALS PER TRIP _____ RADIUS OF NORMAL OPERATIONS _____miles

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS _____

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED _____

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK? ☐ YES ☐ NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? ☐ YES ☐ NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED.

_____

_____

FRAUD NOTICES

Standard: 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 act, which is a crime, and may subject such person to criminal and civil penalties.

Florida Applicants: 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 Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)	
SIGNATURE **X**	DATE / /
AGENT SIGNATURE **X**	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

CARE, CUSTODY OR CONTROL PROGRAM
LIMITS OF LIABILITY (CHECK ONE)

	Limit Per Horse	Maximum Loss per Policy Year
☐	2,500	25,000
☐	5,000	25,000
☐	5,000	50,000
☐	10,000	50,000
☐	10,000	100,000
☐	15,000	150,000
☐	25,000	250,000
☐	75,000	300,000
☐	100,000	300,000
☐	150,000	400,000
☐	200,000	500,000
☐	**500,000**	***1,000,000**

***Limits of 500,000/1,000,000 must be referred to the company for approval.**