

PRIVATE HORSE APPLICATION

EMAIL SUBMISSIONS TO: farm@basculeuw.com

Proposed Eff
Date

Boarding Primary
State

APPLICANT(S)	Insured Name(s):													
	Entity Type:		Indiv		Trust		Partn		Corp		LLC		Other	
	Please describe Other:													
	Phone #:							Email:						
	Mailing Address:													
			# of Years of Horse Experience:											
			Any Claims within the past 3 years? - If yes, please describe below.											
UNDERWRITING QUESTIONS	1.	Does the applicant conduct any commercial horse operations such as boarding, breeding, riding instruction, training of horses or leasing of horses to others where the applicant may or may not receive money or compensation? If "Y" then please complete a Farmowner Application.												
	2.	Any Horse Liability claims/losses in the past 3 years?												
	3.	Any Property claims/losses involving Tack items or Horse Trailers that exceed \$5,000 in the past 3 years?												
	4.	Has any insurer ever refused, canceled or non-renewed insurance or has there been any liability claims for the applicant in the last 5 years?												
	5.	Is there evidence of aggressive behavior, behavioral habits or vices with any of the applicant's horse(s)?												
	6.	Does the applicant own carts or buggies used with their horses?												
	7.	Do any of the applicant's horse(s) travel outside the USA? If yes, please describe below.												
LIABILITY COVERAGE	PRIVATE HORSE LIABILITY (LIMITED LIABILITY) LIMITS OF INSURANCE													
	COVERAGES										LIMIT			
	(L) LIABILITY LIMIT (Per Occurrence) Select (X) \$500,000 or \$1,000,000											\$500,000		
	(M) MEDICAL PAYMENTS TO OTHERS (Per Person)										\$ 5,000 Included			
	Request Additional Insured(s) - Automatic Status (Y or N) (Premises/Property Owners and Facilitators and/or Horse Owners per a written contract)													

NAMED INSURED:

SCHEDULE OF COVERED HORSE(S)							
HORSE SCHEDULE		NAME OF HORSE	BREED	USE	SEX	BIRTH YEAR	OWNERSHIP (Leased; Owned 100%; or Owned < 50%)
H1							
H2							
H3							
H4							
H5							
H6							
H7							
H8							
H9							
H10							

BOARDING LOCATION(S)					
BOARDING LOCATION SCHEDULE		STREET ADDRESS	CITY	STATE	ZIP CODE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

NAMED INSURED:

OPTIONAL COVERAGE - PROPERTY

Applicant is applying to insure "Owned" Tack Items, Horse Trailers, Hay/Feed/Grain? Y or N

Covered Perils: Perils will be Special unless noted Named Perils on the Quote or Policy

Valuation: ACV

Deductible Options: Select one of the following - \$500; \$1,000; \$2,500; or \$5,000

PROPERTY COVERAGE

	TYPE: Tack, Horse Trailer, or Hay/Feed/Grain	Item Description or Year, Make, Model, and VIN	Limit of Insurance
P1			
P2			
P3			
P4			
P5			
P6			
P7			
P8			
P9			
P10			

APPLICANT UNDERSTANDS THAT COVERAGE AFFORDED UNDER THE "PRIVATE HORSE - OPTIONAL PROPERTY COVERAGE" IS RESTRICTED TO PROPERTY COVERAGE ONLY.
NO LIABILITY COVERAGE IS AFFORDED TO HORSE TRAILERS, TACK, OR HAY/FEED/GRAIN.

ADDITIONAL INTEREST - PROPERTY

**Optional Coverage - Property - Interested Parties
Loss Payee or Additional Insured**

ITEM #	NAME	ADDRESS	LOSS PAYEE	ADDITIONAL INSURED

NAMED INSURED: _____

DECLARATIONS AND FRAUD WARNING STATEMENT

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the **GENERAL FRAUD WARNING STATEMENT**.

GENERAL FRAUD WARNING STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and/or civil penalties.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any Person who knowingly and with intent to inure, 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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impluse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY and PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NAMED INSURED: _____

DECLARATIONS AND FRAUD WARNING STATEMENT - continued

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the **GENERAL FRAUD WARNING STATEMENT.**

GENERAL FRAUD WARNING STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and/or civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

TENNESSEE, VIRGINIA and WASHINGTON: 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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK: 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 shall be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

The undersigned declares that he/she/they has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.

Signature of Applicant(s)

Date

Agent Signature

Date