

## PRIVATE HORSE OWNERS LIABILITY

(LIMITED COVERAGE)

THIS APPLICATION IS FOR PRIVATE HORSE OWNERS ONLY

If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own more than 10 horses, please complete a Commercial Equine Liability application.

## COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S). BODILY INJURY TO PARTICIPANTS IS EXCLUDED.

NAME OF INSURED			AGENCY NAME Laurel Fowler Insurance Broker, Inc.				AGENCY CODE		
MAILING ADDRESS			MAILING ADDRESS/CITY/STATE/ZIP CODE  877 Noyes Road						
CITY	STATE	ZIP CODE	CITY STATE ZIF			CODE			
			Arroyo G		CA	93420			
TELEPHONE NUMBER	FAX NUM	BER		ONE NUMBER	FAX NUMBER				
FMAIL ADDRESS	( )		(805) 47		(805) 473-0202				
EMAIL ADDRESS  csr@laurelfowlerins.com									
APPLICANT IS:									
☐ INDIVIDUAL									
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS									
LIMITS OF LIABILITY (CHECK ONE)									
\$500,000 CSL/Occurrence \$1,000,000 CSL/Occurrence									
\$1,000,000 General Aggregate \$2,000,000 General Aggregate (Inquire about the availability of higher per occurrence limits, triple aggregate or higher medical									
	•	payments coverage.)	or riigitor p	or coodination infinite, utple aggregate t	or ringition in	iodiodi			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Г					
Are your horses stabled on premises owned or leased by you?				1L0 NO			provide proof		
(Stall rental at racetrack or boarding stable does not constitute leased premi									
2. Do you board, breed, train horses or riders for compensation or operate any commercial equine activity(ies)?							enters policy		
YES NO If you have answered "Yes" to either of the two questions above, coverage cannot be bound.									
	Plea	ase submit a Commercial Ed	quine Liabili	ty application for quote.					
		SCHEDULE OF AL	L OWNE	D HORSES					
NAME OF HORSE		BREED		USE	% O		F OWNERSHIP		

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

3.	Are any of your horses leased to others or use	ed for instruction to o	others?	□NO	
4.	Name of present or previous insurance compa	any (if no previous co	ompany, state "non	e").	
	Have you had any claims in the past five (5) y f yes, give approximate dates and explanatio		□ NO ots made.		
	Have you been canceled or denied coverage f yes, please explain.	in the last three (3) y	/ears?	□NO	
for any	NDARD FRAUD WARNING: Any person who nsurance or statement of claim containing a fact material thereto, commits a fraudulent alties. (This wording does not apply in Oregon	iny materially false in insurance act, which	nformation or conc	eals, for the purpose of misleading, in	formation concerning
	<b>FLORIDA</b> : Any person who knowingly and vecontaining any false, incomplete, or misleadi	ing information is gui	ilty of a felony of the	e third degree.	
	<b>NEW JERSEY</b> : Any person who includes an fraud and is subject to criminal and civil penal	alties.			,
	<b>VIRGINIA</b> : It is a crime to knowingly provide defrauding the company. Penalties include in				purpose of
	undersigned hereby applies for insurance co ne best of his/her knowledge true.	verage as set forth in	n the application an	d affirms that the statements and repre	esentations made are
APPI X	ICANT'S SIGNATURE	DATE / /	AGENT'S SIGNATURE		DATE , ,
	IMPORTAN' INSURED'S SIGNATURE IS REQU			UST BE RETURNED. OTE AND IN ORDER TO BIND	COVERAGE.
		PLE	EASE NOTE		
raci	Private Horse Owner policy is designed to ng, breeding or boarding of horses, or provicy and property damage caused directly by a l	ding riding instruction	n or any other com	mercial equine activity. The policy limit	business of training, its coverage to bodily
own	your horses kept on your own property or p	your premises? If y	you have answered	I, "yes" to any of these questions, co	orses other than your intact your agent and
	NAME AND	ADDRESS OF ADD	ITIONAL INSURED	(STABLE LOCATION)	
	PHONE:		FAX:		