

# EQUINE LIABILITY APPLICATION

#### Farm, Ranch, and Equine

## **GENERAL INFORMATION**

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Policy #					
Desired Coverage:		🗆 CGL Farm Li	ability	🗆 Equine L	iability Only
Effective Date: Expiration Date:					
New Business	🗆 Renewal	🗆 Rewrite	🗆 Account Bill	🗆 Direct Bill	Pay Plan

## AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

## **APPLICANT INFORMATION**

First Name Insured:							
Address:							
City:	State:	Zip:	Website:				
Phone Number:			Email:				
Insured's Occupation:			Spouse's Occupation:				
Entity Type: Corporation Individual/Sole Proprietor Joint Venture LLC Partnership Trust or Estate Other, Describe:							
If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each:							
Number Years of Experience in this Type of Operation:							
Additional Named Insureds ( $\square$ supplemental additional named insureds attached):							

## PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium
LOSS HISTORY				

 $\Box$  No Losses (in last 3 years)

□ Loss Runs Attached

□ Apply Loss Free Credit

Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri)  $\Box$ YES  $\Box$ NO If yes, please explain:

# LOCATION SECTION

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# of Acres	Owned	Leased	Other	# of Years at this location
1						
2						
3						
4						
5						

Number of Years of Experience in these operations?

If less than five years, give a brief description of experience and background in horse business:

-

# UNDERWRITING QUESTIONS

If yes, explain:				
2. Does the insured run to release any land, buildings or stables to others?       DYES       DN         17 yes, explain:       DYES       DN         20 vorall maintenance and condition of the grounds, fencing and buildings:       DYES       DN         21 vorall maintenance and condition?       DYES       DN         4. Are all fences/gates in good condition?       DYES       DN         Any write fencing used on the premises?       What type feacing used on the premises?       DYES       DN         Are all pastures totally fenced? Describe type of fencing:       Height of fencing:       DYES       DN         4. Are all pastures totally fenced? Describe type of fencing:       Height of fencing:       DYES       DN         5. Does the insured have dog?       Breed:       DYES       DN         Number:       Breed:       DYES       DN         Do you allow your clients to bring their dog?       If yes, please explain:       DYES       DN         Any crectarional vehicles, such as ATVs or golf carts on the premises?       If yes, number and type:       If yes, number and type:       If yes, please explain:       If yes, number and type:       If yes, please explain:       If yes, number and type:       If yes, please explain:       If yes, number and type:	1.	If yes, explain:	□YES	□NO
3. Overall maintenance and condition of the grounds, fencing and buildings:       □         □ Excellent □ Good □ Fair □ Poor       □         4. Are all fences/gates in good conditions?       □YES □N         4. Are all fences/gates in good conditions?       □YES □N         Any wire fencing used on the premises?       □YES □N         What type (example: high-tensile smooth or barbed wire, no climb or woven wire)?       □YES □N         If barbed wire is used, please describe where it is used.       □YES □N         Are all pastures totally fenced? Describe type of fencing:       □YES □N         Height of fencing:       □YES □N         Number:       Breed:       □YES □N         Do you have dogs on the premises?       □YES □N         Number:       Breed:       □YES □N         Do you allow your clients to bring their dogs?       □YES □N         If yes, netashes:       □YES □N       □YES □N         Do you allow your clients to bring their dogs?       □YES □N       □YES □N         Ary verceational whicks, such as ATVs or golf carts on the premises?       □YES □N         Ary verceational whicks, such as ATVs or golf carts on the premises?       □YES □N         Ary verceational whicks:       □YES □N       □YES □N         Ary verceational whicks:       □YES □N       □YES □N         Brid	2.	Does the insured rent or lease any land, buildings or stables to others?	□YES	□NO
4. Are all fences/gates in good conditions?       DYES       DN         How often are they checked and by whom?       DYES       DN         Any wire fencing used on the premises?       What type (example: high-tensile smooth or barbed wire, no climb or woven wire)?       If Varbed wire is used, please describe where it is used.         Are all pastures totally fenced? Describe type of fencing:       Height of fencing:       IVES       DN         Height of fencing:       Who is responsible for fence repair?       IVES       DN         Do you have dogs on the premises?       DVES       DN         Number:       Breed:       DVES       DN         Do you lave dogs on the premises?       UVES       DN         Number:       Breed:       UVES       DN         Do you allow your clients to bring their dogs?       IYES       DN         Do goitten or caused injury to anyone?       IYES       N         If yes, neashes::::UNE       UNO       Dye bitten or caused injury to anyone?       IYES       N         If yes, please explain:       UPES       N       IYES       N         Any vachtities::::Indeor Arena::Ductoor Arena::Dupen fields::::::::::::::::::::::::::::::::::::	3.	Overall maintenance and condition of the grounds, fencing and buildings:		
What type (example: high-tensile smooth or barbed wire, no climb or woven wire)?       If barbed wire is used, please describe where it is used.         Are all pastures totally fenced? Describe type of fencing:       If barbed wire is used.       If barbed wire is used.         Are all pastures totally fenced? Describe type of fencing:       If barbed wire is used.       If barbed wire is used.         Height of fencing:       If barbed wire is used.       If barbed wire is used.       If barbed wire is used.         Number:       Breed:       If barbed wire is used.       If barbed wire is used.       If barbed wire is used.         Do you allow your clients to bring their dogs?       If yes, on leashes:: If SS INO       If YES INN       If yes, on leashes:: If YES INO         Do you allow your clients to bring their dogs?       If yes, on leashes:: If YES INO       If YES INN       If YES INN         6. Any recreational vehicles, such as ATVs or golf carts on the premises?       If YES INN       If YES INN         7. Is there 24-hour supervision of the facility? If yes, please describe:       If YES INN       If YES INN         8. Riding facilities:       Indoor Arena IOutdoor Arena IOUT Arena IOUT Arena IO	4.	Are all fences/gates in good conditions?	□YES	□NO
Height of fencing:       YES       IN         Who is responsible for fence repair?       YES       IN         Has any animal ever escaped?       IYES       IN         5. Does the insured have dogs?       IYES       IN         Number:       Breed:       IYES       IN         Do you have dogs on the premises?       IYES       IN         Number:       Breed:       IYES       IN         Do you allow your clients to bring their dogs?       IYES       IYES       IN         Og bitten or caused injury to anyone?       IYES       IYES       IN         If yes, on leashes:       IVES       IN       IYES       IN         Obg bitten or caused injury to anyone?       IYES       IYES       IN         If yes, on leashes:       IVES       IN       IYES       IN         Any recreational vehicles, such as ATVs or golf carts on the premises?       IYES       IN         If yes, number and type:       IYES       IN       IYES       IN         Riding facilities:       IIndoor Arena IOpen Fields ITraits       IYES       IN         O boy the we Workers' Compensation insurance?       IYES       IN         Not:       Workers' Compensation insurance?       IYES       IN		What type (example: high-tensile smooth or barbed wire, no climb or woven wire)?	□YES	□NO
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Has any animal ever escaped?       UYES         Does the insured have dogs?       Breed:         Number:       Breed:         Do you have dogs on the premises?       UYES         Number:       Breed:         Do you allow your clients to bring their dogs?       UYES         If yes, on leashes: UYES       INO         Deg bitten or caused injury to anyone?       UYES         If yes, please explain:       UYES         Any recreational vehicles, such as ATVs or golf carts on the premises?       UYES         If yes, number and type:       Who is allowed to use?         Used off premises at shows or events?       UYES         Leased or rented from show or event?       UYES         Any youthful driver?       UYES         7. Is there 24-hour supervision of the facility? If yes, please describe:       UYES         8. Riding facilities:       Indoor Arena Open Fields Traits         9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodiy injury and Property Damage? Is yes, please attach a copy to the application.         10. Do you have Workers' Compensation insurance?       UYES         11. Payroll for Horse Operations       UYES         12. Is alcohol consumption allowed on the premises?       UYES         13. Do you repairs any tack or clothing?		Who is responsible for fence repair?		□NO
Number:       Breed:       UYES       IN         Do you have dogs on the premises?       Breed:       IYES       IN         Do you allow your clients to bring their dogs?       IYES       IN         Do got bitten or caused injury to anyone?       IYES       IYES       IN         If yes, on leashes:       IYES       INO       IYES       IN         Dog bitten or caused injury to anyone?       IYES       IYES       IN         ff yes, number and type:       Who is allowed to use?       IYES       IN         Who is allowed to use?       IYES       IN       IYES       IN         Any youthful driver?       IYES       IN       IYES       IN         7. Is there 24-hour supervision of the facility? If yes, please describe:       IYES       IN         8. Riding facilities:       Indoor Arena       IOpen Fields       IYES       IN         9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage?       IYES       IN         10. Do you have Workers? Compensation and Employer's Liability is not covered under this policy.       IYES       IN         11. Payroll for Horse Operations       IYES       IN       IYES       IN         12. Is alcohol consumption allowed on the pr			_	
Dress       Dress <td< td=""><td>5.</td><td></td><td>□YES</td><td>□NO</td></td<>	5.		□YES	□NO
Number:       Breed:         Do you allow your clients to bring their dogs?       If yes, on leashes: IPES       INO         Do gb litten or caused injury to anyone?       If yes, on leashes: IPES       INO         6. Any recreational vehicles, such as ATVs or golf carts on the premises?       IPES       IN         6. Any recreational vehicles, such as ATVs or golf carts on the premises?       IPES       IN         7. Any recreational vehicles, such as ATVs or golf carts on the premises?       IPES       IN         Any recreational vehicles, such as ATVs or golf carts on the premises?       IPES       IN         Any routhful driver?       IPES       IN         7. Is there 24-hour supervision of the facility? If yes, please describe:       IPES       IN         8. Riding facilities:       Indoor Arena IOutdoor Arena IOpen Fields ITrails       IPES       IN         9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.       IPES       IN         10. Do you have Workers' Compensation Insurance?       IPES       IN         Note: Workers' Compensation and Employer's Liability is not covered under this policy.       IPES       IN         11. Payroll for Horse Operations       IPYES       IN         12. Is alcohol consumption allowed on the pre		Number: Breed:	□YES	□NO
If yes, on leashes: □YES       NO         Dog bitten or caused injury to anyone?       □YES         If yes, please explain:       □YES         6. Any recreational vehicles, such as ATVs or golf carts on the premises?       □YES         If yes, number and type:       □YES         Who is allowed to use?       □SEG         Used off premises at shows or events?       □YES         Leased or rented from show or event?       □YES         Any youthful driver?       □YES         8. Riding facilities:       □Indoor Arena □Outdoor Arena □Open Fields □Trails         9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.       □YES         10. Do you have Workers' Compensation Insurance?       □YES       □N         Note: Workers' Compensation and Employer's Liability is not covered under this policy.       □YES       □N         11. Payroll for Horse Operations       □YES       □N         13. Do you require all individuals under the age of 18 to wear approved safety helmets at all times while riding on your premises?       □YES       □N         14. Do you sell any tack or clothing?       □YES       □N         15. Do you require all individuals under the age of 18 to wear approved safety helmets at all times while riding on your premises?       □N			□YES	□NO
If yes, please explain:       If yes, please explain:         6. Any recreational vehicles, such as ATVs or golf carts on the premises?       If yes, number and type:         Who is allowed to use?       If yes, number and type:         Who is allowed to use?       If yes, number and type:         Used off premises at shows or events?       If yes, number and type:         Leased or rented from show or event?       If yes         Any youthful driver?       If yes         7. Is there 24-hour supervision of the facility? If yes, please describe:       If yes         8. Riding facilities:       Indoor Arena Insurance?         9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for       If yes         Note:       Workers' Compensation Insurance?       If yes         Note:       Workers' Compensation and Employer's Liability is not covered under this policy.       If yes         11. Payroll for Horse Operations       If yes, please explain:       If yes, please explain:         13. Do you require all individuals under the age of 18 to wear approved safety helmets at all times while riding on your premises?       If yes, please explain:         14. Do you sell any tack or riding equipment?       If yes, please explain:       If yes, please explain:         15. Do you provide, any type of farrier services?       If yes, please explain:       If yes, please explain			□YES	□NO
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If yes, please explain:       If yes, please explain:         17. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain:       Image: Comparison of the general public?         18. How do you dispose of the animal waste?       Image: Comparison of the general public?       Image: Comparison of the general public?         19. Is there a swimming pool on the property?       Image: Comparison of the general public?       Image: Comparison of the general public?		If yes, please explain:	□YES	□NO
If yes, please explain:     If YES     IN       18. How do you dispose of the animal waste?     In     In       19. Is there a swimming pool on the property?     In     In		If yes, please explain:	□YES	□NO
19. Is there a swimming pool on the property?          □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □NO         □YES         □NO         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □YES         □NO         □NO         □YES         □NO         □NO         □YES         □NO         □NO		If yes, please explain:	□YES	□NO
It ves is it restricted to private use?	19.	Is there a swimming pool on the property? If yes, is it restricted to private use?	□YES □YES	⊡NO ⊡NO

20. Is hunting/finishing permitted on the proper	ty?				□YES	□NO
21. What is the minimum age of participant?						
22. Do you operate a Bed and Breakfast or other overnight accommodations or food service? If yes, please describe:					□YES	□NO
23. Are all of the following posted clearly?						
Emergency Phone Numbers: Safety and Barn Rules:		□NO □NO				
No Smoking Signs: State Equine Liability Warning:	□YES □YES	⊡NO ⊡NO				
State Equilie Elability Waitiling.						

# **CERTIFICATES OF INSURANCE REQUESTED**

Owner of Premises:						
Name:		Location #:				
Mailing Address / City / State Zip	:					
Certificate Holder Only	□ Additional Insured, Subject to Company Approval					
🗆 Other (Explain insurable interest, if any	):					
Name:						
Mailing Address / City / State Zip	•					

## LIABILITY SECTION

### □ CGL Farm Liability

REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)							
□ \$300,000 OCC / \$600,000 AGG	□ \$300,000 OCC / \$600,000 AGG □ \$500,000 OCC / \$1,000,000 AGG □ \$1,000,000 OCC / \$2,000,000 AGG						
MEDICAL PAYMENTS 🛛 \$5,000 (included) 🗆 \$10,000							

### CGL FARM LIABILITY ONLY

Deductible Type □N/A □ PD Deductible Basis - □\$1,000 □\$3,000 □\$5,000 Per Occurrence □ Damage to Premises Rented to You (\$100,000 included) Increase to: □\$300,000 □\$500,000 □\$750,000 □\$1,000,000 Personal and Advertising Injury - □ Include □ Exclude

□ Transportation of Farm Chemicals (\$25,000 included limit of insurance) Increase to: □ \$50,000 □ \$100,000 □ \$100,000 □ \$100,000 □ \$100,000 □ \$100,000 □ \$1,000,

## SUMMARY OF HORSES

ACCOUNT FOR EACH ANIMAL ONLY ONCE, BASED ON ITS PRIMARY USE. ALL HORSE RELATED EXPOSURES MUST BE DELARED.

COMM	ERCIAL EQUINE			Check if No Exposure
🗆 Equ	ine Professional Service			
[0990	4] HORSE SHOWS/EVENTS			Check if No Exposure
1.	Number of Participants:			
2.	Number of Days:			
3.	Shows Dates:			
4.	Gross Receipts (All Shows):			
5.	Arena Type: 🗆 Indoor 🛛 Outdoo	r		
<u>6</u> .	Seating Capacity:			
7.	Is your show recognized by any na	tional association?	Name:	
8.	Do you obtain a signed release fro	m all participants?	If yes, please attach a copy of the	release.
9.	Is the warm up area fenced?			
10.	Security on Site?	Ambulance or EMT on site?		
11.	Any food sales?	Prepackaged or cooked food?	Receipts:	
12.	Any concession stands?	Deep fat fryer used?		
13.	Any rodeos?	If yes, please describe:		

14. Do you manage any hunts or racing?	What type?
15. Do you own/lease hounds for hunting?	How many?

[1020	1] GRANDSTANDS/BLEACHERS	Check if No Exposure
1.	Number of Seats:	
2.	Construction:	
3.	Stationary or Portable:	
4.	Year Built:	
5.	Number of Bleachers:	
6.	Are back and side railings provided?	
7.	Indoor or Outdoor?	

[14100] RIDING CLUBS					
1.	Number of Members:				
2.	Number of Public Days:				
3.	Number of Spectators:				
4.	Number of Clinic Days:				
5.	Number of Parade Days:				
6.	Premises Owned/Leased:				
7.	Food Sales Receipts:				
8.	Tack Sales Receipts:				
9.	Number of Hounds:				

[6010	0] STABLES - RACING	Check if No Exposure
1.	Number of Horses racing or training to race:	
2.	What Breeds:	
3.	How many do you train for others:	
4.	Payroll:	
5.	What states does the insured race in:	
6.	Is the insured actively involved in the racing of their own race horses:	

[1620	00] RIDING INSTRUCTI	Check if No Exposure				
1.	School Horses	Receipts:	Number of Schools Horses used at one time:			
2.	Student Horses	Receipts:				
3.	Off-Premises Show	Receipts:				
4.	Day Camps	Receipts:				
5.	Is instruction provided by the insured or an independent instructor?					
6.	Is the insured a certified instructor?					
7.	Describe type of safety gear required:					
8.	Do you provide therapeutic services? If yes, complete the Therapeutic Questionnaire.					
9.	Do you teach: 🗆 English 🗆 Jumping 🗆 Saddle Seat 🗆 Western 🗆 Dressage 🗆 Other:					

[1620	] CLINICS	Check if No Exposure		
1.	Number of Days:			
2.	Type of Clinics:			
3.	Receipts:			
4.	Average Attendance - Participants: Spectators:			
5.	Who teaches the clinics?			
6.	Do you require outside clinicians to provide proof of insurance?			
[16300] SADDLE ANIMALS - ACTIVITIES  Check if No Exposure				
1.	Number of event days:			

2. Gross Annual Receipts:

3. What type of activity (describe in detail)?

4. Are ponies/horses taken off the premises?

5. Are ponies ever leased, rented or loaned for pony parties?

6. Is food and/or drink served?

7. Number of ponies used?

8. Are side walkers and helmets required?

9. Is a signed hold harmless agreement required by each rider/participant? If yes, please provide a copy.

## [16401] SADDLE ANIMALS - COMMERCIAL

If yes, what is served?

1. Number of Horses (owned, used, leased by you):

2. Number of Carts, Buggies, Wagons and Carriages: Describe use:

 [16402] STABLES - BOARDING
 □ Check if No Exposure

 1.
 Number of Horses Boarded:

 2.
 Gross Annual Receipts:

 3.
 Total Number of Stalls Available:

 4.
 Number of Horses Pastured Boarded:

 5.
 Are any horses self-care?

 If yes, please describe:

#### [16403] STABLES - TRAINING AND BOARDING

1. Number of Horses:

#### [16404] STABLES - TRAINING

1. Pleasure/Show Horse Training, Per Horse:

#### [58500] LIVESTOCK SALES

1. Number of Livestock:

[8800	2] THERAPEUTI	C OPERATIONS*	Check if No Exposure
1.	Number of Sch	ool Horses used at one time:	
2.	Receipts:	or No. of Lessons and/or sessions:	
+COUDI	FTE THE THEN		

#### \*COMPLETE THE THERAPEUTIC QUESTIONNAIRE

[0820	1] INDEPENDENT INSTRUCTORS	Check if No Exposure				
1.	Number of Instructors/Trainers:					
2.	Do independent instructors/trainers operate on your premises? Do they operate under your name?					
3.	Do they carry their own insurance? If yes, we require a copy of a Certificate of Insurance for each	insured.				
If not,	If not, answer questions 4-7. They will be added as an additional insured for an additional charge if eligible.					
4.	. How many horses are provided for lessons by independent instructors on your premises?					
5.	Gross receipts for instruction to students on their own horses?					
6.	How many of your boarded horses are being trained by independent trainers?					
7.	Names, ages and experience of independent instructors (provide copy of their hold harmless agreement	):				

CARE,	, CUSTO	DY AND CONTR	ROL					Check if No Exposure
1.	Numbe	er of Horses:	Breed:			Use:		
2.	Per Ho	orse Limit/Agg	regate Limit: 🗆	\$2,500/\$25,000	) □\$5,000/\$2	5,000 🗆 \$5,000/\$	50,000 □\$10,000/\$5	0,000
	□\$10,	000/\$100,000	□\$15,000/\$150	,000 🗆\$25,000	/\$250,000 🗆	\$50,000/\$250,000	) □\$75,000/\$300,000	
	□\$100	,000/\$300,00	0 □\$150,000/\$40	00,000 🗆 \$200,	,000/\$500,00	0 □\$500,000/\$1,	000,000	
3.	Numbe	er of Stalls: St	able/Barn #1:	Stable/Barı	n #2: St	able/Barn #3:	Stable/Barn #4:	
4.	ls any	stable over 25	5 years old?	If yes, when y	was the last t	ime electrical wi	ring was checked and	certified suitable for current usage?
				<u> </u>				
5.			e properly mark					
6.	Minim	um # of Non-C	wned Horses in `	Your Care:	Minimum V	alue of Non-Own	ed Horses:	
7.	Avera	ge # of Non-O	wned Horses in Y	our Care:	Average Val	ue of Non-Owned	Horses:	
8.	Maxim	um # of Non-0	Owned Horses in	Your Care:	Maximum	Value of Non-Ow	ned Horses:	
9.	Do γοι		rses for others?		⊡No If Y	es, please answer	questions a-g.	
	a.	Maximum nu	mber of trips pe	r year:				
	b.	Maximum nu	mber of non-owr	ned horses per	trip:			
	с.	Radius of no	rmal operations:	miles				
	d.	Number of t	rips and destinat	ions exceeding	175 mile rad	ius: Trips:	Destinations:	
	e.	How often a	re trailer or van	boards checked	d?			
	f.	How many p	eople go on each	trip?				
	g.	Are working	fire extinguisher	s carried on th	e van or truc	</td <td></td> <td></td>		

□ Transportation Extension: Waive the 175 mile radius of operation for damages arising out of transportation (Care, Custody or Control).

Check if No Exposure

□ Check if No Exposure

#### FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* 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. \*Applies in MD Only.

In **CO**: 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.

In FL and OK: 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)\*. \*Applies in FL Only. In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. \*Applies in ME Only.

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

In OR: 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.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## <u>I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.</u> If there are any material changes in your stable operations during the policy year, please notify your agent at once.

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

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
x	/ /	x	/ /

IMPORTANT - ORIGINAL MUST BE RETURNED INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE