

PLEASURE AND SHOW HORSE INDIVIDUAL HORSE OWNERS LIABILITY

Company Use Only	
Customer No.	
Producer No.	

Coverage applies only to injury/
damage caused by named horses.
No premise coverage afforded.



(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

APX INSURANCE
4037 Pine Grove Road Versailles, KY 40383
WWW.APXInsurance.com
info@apx-insurance.com
(859) 533-5633

Transaction ☐ New Business ☐ Quote ☐ Issue
☐ Renewal of #

Effective Date		
	to	

Quote Desired By

Direct Bill installment plans have fees.

Direct Bill to Applicant ☐ Annually ☐ Semiannually ☐ Quarterly

Applicant is ☐ Owner/Operator ☐ Absentee Owner ☐ Manager ☐ Corporation ☐ Partnership ☐ LLC ☐ Other

Applicant (include County and Zip Code)

Name					
Address					
City	County		State		Zip
Phone	Email				

	Name of Horse	Breed	Use	% of Ownership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- A. Are the horses scheduled above stabled on premise of a farm owned or leased by you? ☐ Yes ☐ No
- B. If "Yes" to A, describe all facilities and uses including acreage. Is facility covered by farm or homeowner policy? Provide name of carrier, policy term and limits of liability. (Stall rental by you at a boarding facility does not constitute leased premises)
-
- C. Is the horse leased? ☐ Yes ☐ No Explain "Yes" answer and provide copy of lease agreement
-
- D. Do you or your employees have any involvement with training or breeding of horses? ☐ Yes ☐ No Explain "Yes" answer
-
- E. Do you or your employees teach or give riding instructions? ☐ Yes ☐ No Explain "Yes" answer
-
- F. Do you ride/show horses owned by others for remuneration? ☐ Yes ☐ No Explain "Yes" answer
-

**IF YOU HAVE ANSWERED 'YES' TO 'C', 'D', 'E' OR 'F' ABOVE, THE RATES INDICATED ON PAGE 2 DO NOT APPLY.
PLEASE SUBMIT THE PROPER APPLICATION FOR QUOTE.**

PLEASURE AND SHOW HORSE - INDIVIDUAL HORSE OWNERS LIABILITY - CONTINUED

Name and Address of Boarding Facility					
Name					
Address					
City		County		State	Zip

Code 88279		RATES PER HORSE	MINIMUM POLICY PREMIUM FULLY EARNED *	Number of Horses	Subject to State Charge	State Tax / Surcharge Refer to Co	Final Premium By Company
CHECK ONLY ONE	LIMITS OF INSURANCE OCCURRENCE/AGGREGATE						
☐	\$100,000 / \$200,000	\$40.00	\$225.00				
☐	\$300,000 / \$600,000	\$58.00	\$250.00				
☐	\$500,000 / \$1,000,000	\$68.00	\$300.00				
☐	\$1,000,000 / \$2,000,000	\$80.00	\$375.00				
* If coverage is bound, Policy Minimum Premium is Fully Earned in the event of a mid-term cancellation							

Experience - 4 Years	Premium	Policy#	Coverage Dates	# of Claims	Loss Amount
Name of Company					

Explain any losses

Have you been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No If 'Yes', give reason:

Comments

INSURANCE FRAUD WARNING - APPLICANT TO INITIAL ALL APPLICABLE STATES	
☐ Delaware	Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
☐ Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
☐ Michigan	Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
☐ Minnesota	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
☐ New York	All Insurance applications and claim forms except auto: 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 stated value of the claim for each such violation
☐ Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or 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.

INSURANCE FRAUD WARNING (Continued) - APPLICANT TO INITIAL ALL APPLICABLE STATES**☐ Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT, OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied.)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

Applicant's Signature _____ Date _____