



PLEASURE AND SHOW HORSE INDIVIDUAL HORSE OWNERS LIABILITY	
<input type="checkbox"/> GREAT AMERICAN INS. CO. (01) <input type="checkbox"/> AMERICAN NATIONAL FIRE INS. CO. (03) <input type="checkbox"/> AMERICAN ALLIANCE INS. CO. (04) <input type="checkbox"/> AGRICULTURAL INS. CO. (02) <input type="checkbox"/> OTHER	COMPANY USE ONLY Customer No.: Producer Code: Auditable: <input type="checkbox"/> Other :

NOTE: Coverage applies only to injury/damage caused by named horses. No premises coverage afforded.
NOTE: This is not a Binder. Incomplete or unsigned applications will be returned for completion.

Producer	Name and Address (Include Zip Code)		Producer Code:	
			Agency Code:	
			Agency Phone No.:	
			Effective Date From:	
Transaction	New Business <input type="checkbox"/>	Renewal of # <input type="checkbox"/>	To:	
	Quote <input type="checkbox"/>	Issue <input type="checkbox"/>	Quote Desired By:	
Applicant	Name and Address (Include County & Zip Code)		Applicant is:	
				Owner/Operator <input type="checkbox"/>
				Absentee Owner <input type="checkbox"/>
				Corporation <input type="checkbox"/>
Phone No.			Partnership <input type="checkbox"/>	
			Manager <input type="checkbox"/>	
			Other <input type="checkbox"/>	

	Name of Horse	Breed	Use	Percentage of Ownership
1.				
2.				
3.				
4.				
5.				

A. Are the horses scheduled above stabled on premises of a farm owned or leased by you? Yes No

B. If "Yes" to A, describe all facilities and uses including acreage (stall rental by you at a boarding facility does not constitute leased premises):

C. Is horse leased? Yes No

Explain:

D. Do you have any involvement with training or breeding of horses? Yes No

Explain:

E. Do you teach or give riding instructions? Yes No

Explain:

F. Do you ride/show horses owned by others for remuneration? Yes No

Explain:

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

Check Only One	Limits of Insurance Occurrence/Aggregate	Rate Per Horse	Minimum Annual Policy Premium Fully Earned
<input type="checkbox"/>	\$300,000/\$600,000	\$40	\$150
<input type="checkbox"/>	\$500,000/\$1,000,000	\$55	\$195
<input type="checkbox"/>	\$1,000,000/\$2,000,000	\$65	\$250

*North Carolina minimum premium \$500 for all limits.

LOSS RECORD - 3 YEARS

Company	Policy Number	Date	No. of Claims	Losses
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Explain any Losses:

Have you been cancelled or non-renewed in the past 3 years? Yes No

If "Yes", Reason

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested - and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in this application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company of other person files and application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact materials thereto commits a fraudulent insurance act which is a crime.

Date		Applicant's Signature	
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