

3. Are any of your horses leased to others or used for instruction to others?  YES  NO

4. Name of present or previous insurance company (if no previous company, state "none")

5. Have you had any claims in the past five (5) years?  YES  NO

If "yes", give approximate dates and explanations including any payments made

6. Have you been canceled or denied coverage in the last three (3) years?  YES  NO

If yes, please explain.

**STANDARD FRAUD WARNING:** 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

**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.

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

**VIRGINIA:** 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.

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 and accurate. I have **not** willfully concealed or misrepresented any material fact or circumstance concerning this application

APPLICANT'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
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**IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED WITH  
INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND/OR TO BIND COVERAGE**

**PLEASE NOTE**

The Individual/Private Horse Owner policy is designed to cover the owner of horses who is **not** personally involved in the commercial business of training, racing, breeding or boarding of horses, or providing riding instruction or any other commercial equine activity. The policy limits coverage to bodily injury and property damage caused directly by a horse, which is owned by the insured and scheduled on the policy.

Are your horses kept on your own property or property leased to you? Do horses other than your own occupy your premises or any of your stalls? Are other horse operations conducted on your premises? If you have answered, "yes" to any of these questions, contact your agent and request a Commercial Equine Liability application to complete in order to obtain appropriate coverage.

# INDIVIDUAL/PRIVATE HORSE OWNERS LIABILITY

(LIMITED COVERAGE)

## THIS APPLICATION IS FOR PRIVATE HORSE OWNERS ONLY

If you are personally involved in any commercial equine operation (i.e., boarding, breeding of horses, training of horses or riders), if you own more than 10 horses, or keep your owned equine on your own property, please complete the 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.**

NEW BUSINESS     RENEWAL OF COVERAGE #

RENEWAL DATE

NAME OF INSURED		AGENCY NAME <b>BUXTON Equine</b>		AGENCY CODE
STREET ADDRESS		MAILING ADDRESS/CITY/STATE/ZIP CODE <b>PO Box 6823</b>		
CITY/STATE/ZIP CODE		<b>LAKE WORTH, FL 33666 - 6823</b>		
TELEPHONE NUMBER (    )    -	FAX NUMBER (    )    -	TELEPHONE NUMBER <b>(561) 585 - 0900</b>	FAX NUMBER <b>(561) 586 - 0870</b>	
EMAIL ADDRESS		EMAIL ADDRESS <b>bill@buxtonequine.com</b>		

APPLICANT IS:  INDIVIDUAL     PARTNERSHIP     OTHER (SPECIFY) \_\_\_\_\_

IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS

LIMITS OF LIABILITY (CHECK ONLY ONE) <input type="checkbox"/> \$ 500,000 CSL/Occurrence \$1,000,000 General Aggregate  <input type="checkbox"/> \$1,000,000 CSL/Occurrence \$2,000,000 General Aggregate  <input type="checkbox"/> Other                   (Inquire about higher per occurrence limits, triple aggregate, or higher medical payments coverage)	RATE PER EQUINE \$ 68.00 X'S # OWNED    = _____  \$ 80.00 X'S # OWNED    = _____	MIN. ANNUAL PREMIUM \$ 300.00 plus applicable state tax  \$ 375.00 plus applicable state tax
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1. Are your horses stabled on premises owned or leased by you?     YES     NO  
(Stall rental at racetrack or boarding stable does not constitute leased premises.)

2. Do you board, breed, train horses, ride for compensation or operate any commercial equine activities?  
 YES     NO

If you answered "Yes" to # 1 or # 2 above, coverage **cannot** be bound. Please contact **BUXTON Equine** to obtain a Commercial Equine Liability application, which must be submitted for a quote and coverage.

### SCHEDULE OF ALL OWNED HORSES

NAME OF HORSE	BREED	USE	% OF OWNERSHIP

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