American Bankers

Insurance Company of Florida

222 South 15th Suite 600 S Omaha, NE 68102

APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

DDRESS					
ELEPHONE NO.	FAX NO.		AGEN	CY CODE	
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	NEW BUSINESS – DESIRED E				
				POLICY NO. CCC	_
IMPORTAN	NT: INCOMPLETE AND UNSIGN	ED APPLICATIONS V	VILL BE RETURNE	D FOR COMPLETION.	
AME OF INSURED		BUSINESS/ST	ABLE NAME		
AILING ADDRESS					
TY/STATE/ZIP CODE				TELEPHONE NO.	
CATION OF ACTUAL OPERATIONS IF	OTHER THAN MAILING ADDRESS			()	
TY/STATE/ZIP CODE					
CORPORATION, LIST ALL OFFICERS A	ND DIRECTORS. IF PARTNERSHIP, LIST ALL	PARTNERS.			
A SEPARATE	APPLICATION FOR THE INFORMA	TION THAT FOLLOW	S WILL BE REQUIR	RED FOR EACH LOCATION.	
) YOU:	APPLICATION FOR THE INFORMA			RED FOR EACH LOCATION.	
D YOU:		R BEEN IN THIS BUSINESS?	YEARS.	RED FOR EACH LOCATION.	
) YOU:] OWN	HOW LONG HAS INSURED OR MANAGE	R BEEN IN THIS BUSINESS?	YEARS.	RED FOR EACH LOCATION.	
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	CARE, CUSTODY OR	CONTROL PROGRAM				
NUMBER OF STALLS: BARN #1	BARN #2	BARN #3	BARN #4			
MINIMUM NUMBER OF HORSES IN YOUR CARE		MINIMUM VALUE OF HORSE	ES IN YOUR CARE			
AVERAGE NUMBER OF HORSES IN YOUR CARE		AVERAGE VALUE OF HORS	ES IN YOUR CARE			
MAXIMUM NUMBER OF HORSES IN YOUR CARE		MAXIMUM VALUE OF HORS	ES IN YOUR CARE			
SELECT APPRC	PRIATE LIMITS OF LIABILITY	FROM THE OPTIONS OUTLIN	NED ON PAGE 3.			
POLICY COVERS INCIDENTA				CATION.		
* <u>COVERAGE I</u>	MAY BE EXTENDED. REF	ER TO UNDERWRITER F	OR PREMIUM.			
DO YOU TRANSPORT HORSES FOR OTHERS?	D IF YES, MAXIMUM N	UMBER OF TRIPS PER YEAR				
MAXIMUM NUMBER OF ANIMALS PER TRIP	RADIUS OF NORMA	OPERATIONS	miles			
NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL	. 150 MILE RADIUS	_				
HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKE	D	_				
ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?	YES 🗆 NO					
DO AT LEAST TWO PEOPLE GO ON EACH TRIP?	NO					
DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST	THREE YEARS AND INCLUDE	DEATHS OF ANY ANIMAL(S)	IN YOUR CUSTODY, EVE	EN IF A CLAIM WAS NOT PRESENTED		
FRAUD NOTICES						
<u>Standard</u> : 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 act, which is a crime, and may subject such person to criminal and civil penalties.						
Florida Applicants: 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 Applicants: Any person who includes an penalties.	ny false or misleading info	rmation on an application	for an insurance pol	icy is subject to criminal and civil		
APPLICANT (PRINT)						
SIGNATURE				DATE		
AGENT SIGNATURE				DATE / /		
I understand that the insurance being applied for, if accepted	by the Company, will be base	d on the statements made in	this application. If inform	nation is withheld or falselv stated. any		
insurance issued may be subject to rescission or modification a						

Limit Per Horse	Maximum Loss per Policy Year
2,500	25,000
5,000	25,000
5,000	50,000
10,000	50,000
10,000	100,000
15,000	150,000
25,000	250,000
75,000	300,000
100,000	300,000
150,000	400,000
200,000	500,000
500,000	*1,000,000

CARE, CUSTODY OR CONTROL PROGRAM LIMITS OF LIABILITY (CHECK ONE)

*Limits of 500,000/1,000,000 must be referred to the company for approval.