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|  | AGENCY NAME | CODE |
| Equine Insurance Specialists, LLC | CDL46 |
| **APPLICATION FOR COMMERCIAL EQUINE LIABILITY****(A Special Program Limited to Horse-Related Exposures Only)** | ADDRESS |
| PO Box 12440, Lexington, KY 40583-2440 |
|  | PHONE NUMBER | FAX NUMBER |
| **THIS IS NOT A BINDER** | (800) 723-9414 |       |

|  |  |
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| **IMPORTANT:** | **INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED**. |

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| [ ]  NEW BUSINESS - DESIRED EFFECTIVE DATE |       | [ ]  RENEWAL - EXPIRATION DATE |       |

|  |  |
| --- | --- |
| NAME OF APPLICANT | BUSINESS/STABLE NAME |
|       |       |
| MAILING ADDRESS/CITY/STATE/ZIP CODE |
|       |
| TELEPHONE NUMBER: | PERSON TO CONTACT FOR INSPECTION |
| EMAIL ADDRESS: |       |
| WEBSITE ADDRESS: |  |
| NOTICE - WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXPECTED), EXPLAIN INTEREST OF EACH |
|       |
| LOCATION(S) OF ACTUAL OPERATIONS - INDICATE IF APPLICANT OWNS OR LEASES PREMISES |
| Address (including county) | Premises |
| 1. |       |  | [ ]  | Own | [ ]  | Lease |
| 2. |       |  | [ ]  | Own | [ ]  | Lease |
| 3. |       |  | [ ]  | Own | [ ]  | Lease |
| PLEASE GIVE TOTAL NUMBER OF ACRES OWNED OR LEASED BY THE APPLICANT: |
|       |
| APPLICANT IS |
| [ ]  | Individual | [ ]  | Partnership | [ ]  | Organization/Corporation | [ ]  | Owner Operator | [ ]  | Other (specify)       |
| NAMES OF ALL PARTNERS OR OFFICERS OF CORPORATION |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
| ADDITIONAL INSUREDS TO BE ADDED TO THIS POLICY (LIABILITY ONLY) |
| [ ]  | Owner of Premises: Name |       |  |
|  | Address |       |  |
| [ ]  | Other - Describe Interest: |       |  |
|  | Name and Address |       |  |
| **LIMITS OF LIABILITY** - PLEASE CHECK ONLY **ONE SET** OF DESIRED LIMITS |
| [ ]  | $300,000 CSL/Occ. | [ ]  | $500,000 CSL/Occ. | [ ]  | $1,000,000 CSL/Occ. | [ ]  | $       | CSL/Occ. |
|  | $600,000 Agg. |  | $1,000,000 Agg. |  | $2,000,000 Agg. | [ ]  | Other       |
| **DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNED HORSES? IF YES, PLEASE COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING REJECTED COVERAGE.** | [ ]  | Yes | [ ]  | No |
| APPLICANT: | DATE: |
| **x** |       |

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|  | **GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE** |
| 1. | DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS |
|  |       |
| 2. | NUMBER OF YEARS AT THIS LOCATION      | NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS      |
| 3. | IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS |
|  |       |
| 4. | DO YOU HAVE WORKERS’ COMPENSATION INSURANCE?[ ]  Yes [ ]  No | Note: Workers’ Compensationand Employer’s Liability is **not****covered** under this policy. | PAYROLL FOR HORSE OPERATIONS**$** |
| 5. | IS THIS YOUR PRINCIPAL OCCUPATION? IF NO, DESCRIBE OCCUPATION OR BUSINESS YOU ARE ENGAGED IN |
|  | [ ]  Yes [ ]  No |
|  |       |
| 6. | ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF THE DESCRIBED PREMISES? IF YES, PLEASE EXPLAIN |
|  | [ ]  | Yes | [ ]  | No |
|  |       |
| 7. | DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPERATIONS TO OTHERS? IF YES, PLEASE EXPLAIN |
|  | [ ]  Yes [ ]  No |
|  |       |
| 8. | IS THERE 24-HOUR SUPERVISION OF THE FACILITY? IF YES, PLEASE DESCRIBE |
|  | [ ]  Yes [ ]  No |
|  |       |
| 9. | ARE ALL PASTURES TOTALLY FENCED? DESCRIBE TYPE OF ALL FENCING |
|  | [ ]  Yes [ ]  No |  |
|  |  |       |  |
| 10. | DESCRIBE CONDITION | HOW OFTEN IS FENCING CHECKED? |
|  | [ ]  | Excellent | [ ]  | Good | [ ]  | Fair | [ ]  | Poor |       |
| 11. | WHO IS RESPONSIBLE FOR FENCE REPAIR? | RIDING FACILITIES |
|  | [ ]  | Owner | [ ]  | Lessee | Arena: | [ ]  | Indoor | [ ]  | Outdoor | [ ]  | Open Fields | [ ]  | Trails |
| 12. | DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN YOUR STABLES? | [ ]  | Yes | [ ]  | No | IN OTHER OUTBUILDINGS/BARNS? | [ ]  | Yes | [ ]  | No |
| 13. | DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BODILY INJURY & PROPERTY DAMAGE? IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION |
|  | [ ]  | Yes | [ ]  | No |
| 14. | DO YOU POST RULES? | DO YOU POST WARNING SIGNS? | DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION |
|  | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No |       |
| 15. | DO YOU OWN/MAINTAIN DOGS ON THE DESCRIBED PREMISES? IF YES, HOW MANY | WHAT BREED? |
|  | [ ]  | Yes | [ ]  | No |       |       |
| 16. | HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE? IF YES, PROVIDE DETAILS |
|  | [ ]  | Yes | [ ]  | No |
|  |       |
| 17. | DO YOU OWN/MAINTAIN ANY OTHER ANIMALS (OSTRICHES, EMUS, ETC.)?- IF YES, HOW MANY? | WHAT TYPE? |
|  | [ ]  | Yes | [ ]  | No |       |       |
| 18. | IS THERE A SWIMMING POOL ON THE PROPERTY? | IF YES, IS IT RESTRICTED TO PRIVATE USE? |
|  | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No |
| 19. | IS HUNTING/FISHING PERMITTED ON THE PROPERTY? IF YES, PLEASE EXPLAIN |
|  | [ ]  | Yes | [ ]  | No |
|  |       |
| 20. | DO YOU OPERATE A BED AND BREAKFAST? IF YES, PLEASE DESCRIBE |
|  | [ ]  | Yes | [ ]  | No |
|  |       |

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|  | **SECTION I. SUMMARY OF HORSES - AT PEAK SEASON** |
|  | **ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE** |
|  | **Owned/Leased/Used By Insured** | **Number** | **Non-Owned By Insured** | **Number** |
|  | 1. | Rentals/Trail/Pack Trips |       | 1. | Boarding/pasturing |       |
|  | 2. | Pony rides |       | 2 | Breeding only (Stallions      ; Mares      ) | 0 |
|  | 3. | Used for instruction to others |       | 3. | Show training (Breed:      ) |       |
|  | 4. | Boarded horses used by applicant for instruction to others |       | 4. | Racing and/or training (Breed:      ) |       |
|  | 5. | Furnished by independent instructors for lessons to others |       | 5. | Lay ups |       |
|  |  |  |  | 6. | On consignment for sale (Breed:      ) |       |
|  | **All Owned Horses Not Included Above** |  | 7. | Other (Describe:      ) |       |
|  | 6. | Breeding      ; | Racing      ; | Training      ; | 0 |  |  |  |
|  |  | Show      ; | Pleasure      ; | Foals/Weanlings      ; | 0 |  |  |  |
|  |  | For Sale      ; | (Breed:     ); | Retired      ; | 0 |  |  |  |
|  |  | Other       |       |  | **Total** | **0** |
|  |  | **All Owned Horses must be declared** | What is the maximum number of horses (ownedand non-owned) that can be kept on your premises? |       |
|  |  | **Total: (Lines 1 - 6)** | **0** |  |
|  | 7. | Number of wagons/sleds/carriages/carts/buggies, etc.      ; |  |  |
|  |  | Describe use: |       |  |
|  |  |  |  |
|  | **SECTION II. HORSES NON-OWNED BOARDING, BREEDING,TRAINING, RACING** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | TOTAL NUMBER OF STALLS      | MAXIMUM NUMBER BOARDED      | PASTURED      | MONTHLY BOARDING RATE**$** | ANNUAL GROSS**$** |
| 2. | TRAINING PLEASURE & SHOW: MAXIMUM NUMBER OF NON-OWNED HORSES IN TRAINING | MONTHLY TRAINING RATE**$** | ANNUAL GROSS**$** |
| 3. | DO YOU ATTEND OFF-PREMISE SHOWS WITH HORSES IN TRAINING? |
|  | [ ]  | Yes | [ ]  | No |
| 4. | BREEDING: NUMBER OF NON-OWNED | BREED | MAXIMUM NUMBER OF OUTSIDE MARES | ARE MARES KEPT ON PREMISES TIL FOALING? |
|  | STALLIONS       |       |       | [ ]  | Yes | [ ]  | No |
| 5. | RACE HORSES: WHAT BREEDS?      | HOW MANY DO YOU TRAIN FOR OTHERS?      | PAYROLL**$** | WHAT STATES DO YOU RACE IN?      |
|  | ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES? |
|  | [ ]  | Yes | [ ]  | No |
|  | **SECTION III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | IS INSTRUCTION PROVIDED BY[ ]  You [ ]  An Independent Instructor | *If any independent instructor/traineris used, complete Section IV.* | ARE YOU A CERTIFIED INSTRUCTOR?[ ]  Yes [ ]  No |
| 2. | DESCRIBE TYPE OF SAFETY GEAR REQUIRED |
|  |       |
| 3. | DO YOU PROVIDE RIDING FOR THE HANDICAPPED? | IF SO, ADVISE GROSS ANNUAL RECEIPTS | NUMBER OF HORSES AVAILABLE FOR HANDICAPPED |
|  | [ ]  | Yes | [ ]  | No | **$** |       |
|  | RATIO OF INSTRUCTORS TO STUDENTS | ARE SIDEWALKERS USED |
|  |       | [ ]  | Yes | [ ]  | No |
| 4. | MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE | MAXIMUM NUMBER USED AT ANY ONE TIME | GROSS ANNUAL RECEIPTS |
|  |       |       | **$** |
| 5. | ARE STALLIONS USED FOR INSTRUCTION? | IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE |
|  | [ ]  | Yes | [ ]  | No |       |
| 6. | DO YOU GIVE INSTRUCTION TO STUDENTS ON | IF YES, ADVISE AVERAGE NUMBER OF STUDENTS PER WEEK | ANNUAL GROSS RECEIPTS |
|  | THEIR OWN HORSES? | [ ]  | Yes | [ ]  | No |       | **$** |
| 7. | DO YOU TEACH: |
|  | [ ]  | English | [ ]  | Jumping | [ ]  | Saddle Seat | [ ]  | Western | [ ]  | Dressage | [ ]  | Other:       |
| 8. | IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS? IF YES, GIVE DATES CLOSED |
|  | [ ]  | Yes | [ ]  | No |
| 9. | DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS?[ ]  Yes [ ]  No | *Injuries to horses and students beingtransported are not covered.* | HOW MANY TIMES PER YEAR?      | GROSS RECEIPTS**$** |

|  |  |  |  |
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|  | **SECTION III. EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS continued** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 10. | DO YOU HOLD CLINICS FOR NON-STUDENTS? | HOW MANY CLINICS? | AVERAGE ATTENDANCE | RECEIPTS EARNED |
|  | [ ]  | Yes | [ ]  | No |       |       | **$** |
| 11. | DO YOU OPERATE A DAY CAMP?[ ]  Yes [ ]  No | OVERNIGHT CAMP?[ ]  Yes [ ]  No | DO YOU PROVIDE FOOD?[ ]  Yes [ ]  No |
| 12. | DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS |
|  |       |
|  |
|  | **SECTION IV. INDEPENDENT CONTRACTORS INCLUDING INSTRUCTORS, TRAINERS, FARRIERS** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES? IF SO, HOW MANY | DO THEY CARRY THEIR OWN INSURANCE ++? |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  | DO INDEPENDENT FARRIERS OPERATE ON YOUR PREMISES? IF SO, HOW MANY | DO THEY CARRY THEIR OWN INSURANCE ++? |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  | ***++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors, trainers or farriers DO NOT carry their own insurance, they will be added as an insured for an additional charge. Coverage is limited to on-premises only and to off-premises shows with horses and/or riders in training*.** |
|  | PROVIDE NAMES AND ADDRESSES OF INDEPENDENT INSTRUCTORS , TRAINERS OR FARRIERS |
|  |       |
| 2. | HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS?      | GROSS RECEIPTS | GROSS RECEIPTS FOR INSTRUCTION TO STUDENTS ON THEIR OWN HORSES |  |
|  | **$** | **$** |
| 3. | HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS:       | OR TRAINED UNDER YOUR NAME:       |
|  | **SECTION V. PONY RIDES / SADDLE ANIMALS FOR HIRE / HOURLY OR DAILY RENTALS /TRAIL RIDES / LEASING / PACK TRIPS** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES | GROSS RECEIPTS FOR RENTALS | GROSS RECEIPTS FOR TRAIL RIDES | DO YOU CONDUCT PACK TRIPS? |
|  |       | **$** | **$** | [ ]  Yes [ ]  No |
| 2. | **PONY RIDES/PARTIES:** NUMBER OF PONIES | GROSS RECEIPTS | DO YOU USE SIDEWALKERS? |
|  |       | **$** | [ ]  Yes [ ]  No |
| 3. | DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS? IF YES, HOW MANY? PLEASE EXPLAIN |
|  | [ ]  Yes [ ]  No |
|  | **SECTION VI. SALES - HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | DO YOU SELL HORSES? | WHAT BREEDS? | HOW MANY PER YEAR? | GROSS ANNUAL RECEIPTS |
|  | [ ]  Yes [ ]  No |       |       | **$** |
| 2. | IS BUYER ALLOWED TO TEST RIDE? | IF YES | DO YOU SELL FROM YOUR OWN PREMISES? |
|  | [ ]  Yes [ ]  No | [ ]  In arena [ ]  In open field | [ ]  Yes [ ]  No |
| 3. | EXPLAIN ANY OTHER METHOD OF SALES |
|  |       |
| 4. | DO YOU SELL FOOD OR HAVE A SNACK BAR?[ ]  Yes [ ]  No | Liquor liability not covered.       | GROSS RECEIPTS**$** |
| 5. | DO YOU SELL TACK AND/OR CLOTHING? IF YES, USED OR NEW? | GROSS RECEIPTS |
|  | [ ]  Yes [ ]  No | [ ]  Used [ ]  New | **$** |
| 6. | DO YOU SELL HAY OR FEED? | GROSS RECEIPTS |
|  | [ ]  Yes [ ]  No | **$** |
| 7. | DO YOU MIX FEED FOR SALE/CONSUMPTION? |  |
|  | [ ]  Yes [ ]  No |  |
| 8. | DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS? |  |
|  | [ ]  Yes [ ]  No |  |
| 9. | DO YOU PERFORM ANY TYPE OF FARRIER SERVICES?[ ]  Yes [ ]  No | Injury to horse not covered.      | ARE SERVICES ON PREMISES ONLY?[ ]  Yes [ ]  No | GROSS RECEIPTS**$** | If on premises only, this coverage can be added to this policy. |
|  | ***NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage****.* |

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|  | **SECTION VII. RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES** | [ ]  | CHECK IF NO EXPOSURE AND INITIAL |
| 1. | **RIDES****[ ]** HAY | **NUMBER OF PASSENGERS** | **GROSSRECEIPTS** | **NUMBER OFWAGONS** | **NUMBER OF HORSES** | **NUMBER OF MOTOR VEH** | **NUMBER OF TRIPS** | **ON OR OFFPREMISES** |
|  | [ ]  SLEIGH[ ]  CARRIAGE |       | **$** |       |       |       |       |       |
| 2. | **SHOWS**Independent vendors | DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS?[ ]  Yes [ ]  No | ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOC.?[ ]  Yes [ ]  No |
|  | are not covered. | **NUMBER OFPARTICIPANTS** | **GROSS RECEIPTS(ALL SHOWS)** | **MAXIMUM NUMBER OF SPECTATORS PER DAY** | **TOTAL NUMBER OF SHOW DAYS** | **SHOWDATES** |
|  | SHOWS ON PREMISES |       | **$**      |       |       |       |
|  | RODEOS ON PREMISES |       | **$**      |       |       |       |
| 3. | DO YOU SECURE RELEASES FROM ALL ENTRANTS? ATTACH A SAMPLE | DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY? |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  | IF YES, EXPLAIN SEATING AND SAFETY MEASURES      |
| 4. | DO YOU HAVE BLEACHERS OR GRANDSTANDS? | IF YES, CONSTRUCTION | IF YES, YEAR BUILT | SEATING CAPACITY - NUMBER |
|  | [ ]  Yes [ ]  No |       |       |       |
| 5. | DO YOU MANAGE ANY HUNTS OR RACING EVENTS? | IF YES, WHAT TYPE? | DO YOU OWN/LEASE ANY HOUNDS FOR HUNTS? | HOW MANY HOUNDS? |
|  | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
| 6. | IF RODEOS ON PREMISES, DESCRIBE TYPE OF EVENTS      |
| 7. | ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION |
|  |       |
|  |  |
|  | ***NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.*** |
|  | **PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)** |
|  | **COMPANY** | **POLICY****NUMBER** | **POLICY****PERIOD** | **PREMIUM** | **NUMBER OF****CLAIMS** | **LOSSES AND****RESERVES** |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| 1. | HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS? F YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING MEDICAL PAYMENTS MADE FOR YOU |
|  | [ ]  Yes [ ]  No |
|  |       |
|  |  |
| 2. | HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS? IF YES, PLEASE EXPLAIN |
|  | [ ]  Yes [ ]  No |
|  |       |
|  |  |
| 3. | IS THIS BUSINESS BROKERED? IF YES, BROKER IS TO PROVIDE NAME, ADDRESS, CITY, STATE, ZIP CODE, AND TELEPHONE NUMBER |
|  | [ ]  Yes [ ]  No |
|  |       |
|  |  |

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|  | FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.  |
|  | 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. |
|  | APPLICANT’S SIGNATURE REQUIRED | DATE | AGENT’S/BROKER’S SIGNATURE | DATE |
|  | **x** |  / / | **x** |  / / |

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| **IMPORTANT - ORIGINAL APPLICATION MUST BE RETURNED****A FIRM QUOTE CANNOT BE PROVIDED WITHOUT APPLICANT’S SIGNATURE****COVERAGE CANNOT BE BOUND WITHOUT APPLICANT’S SIGNATURE** |

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|  | **You may use this page to supplement your application with any additional information.** |

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***THANK YOU!***

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| --- |
| The signing of this Application does not bind the Applicant or The St. Paul Travelers Companies to complete this insurance unless otherwise indicated below: |
| Coverage Bound [ ]        A.M., Date       | Exceptions:       |
|  | P.M. |  |
| Agent  |  |  | Applicant  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  |  |  | Title  |  |

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer\_Compensation\_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.