

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

11222 Quall Roost Drive, Miami, FL 33157-6596

LIABILITY RENEWAL APPLICATION

INSURED	AGENT	
DBA (NOTE ANY CHANGE OF ADDRESS OR INSURED LOCATION)		
PHONE NUMBER	PHONE NUMBER	AGENCY CODE

Please complete all of the following sections that are *applicable*. Write **NONE** or **0** if no exposure. Do not leave spaces blank.

I. COMMERCIAL EQUINE LIABILITY COVERAGE

POLICY NUMBER	EXPIRATION DATE / /	CURRENT LIMITS \$
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Renew my policy based on the following information:

	<u>No. Owned</u>	<u>No. Non-owned</u>	<u>Gross Receipts</u>
Boarding/Pasturing	_____	_____	
Breeding Only (Stallions _____ Mares _____)	_____	_____	
Racing &/or Race Training	_____	_____	
Training (other than race horses)	_____	_____	
Pleasure &/or Show	_____	_____	
Foals/Weanlings	_____	_____	
Lay-ups/Retired	_____	_____	

TOTALS:

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Horses used by applicant for riding instruction to others and receipts:	_____	_____	\$ _____
Maximum number of school horses used at one time:	_____	_____	\$ _____
Receipts for riding instruction on student owned horses:	_____	_____	\$ _____
Receipts earned by independent instructors on student owned horses:	_____	_____	\$ _____
on school horses:	_____	_____	\$ _____

Names of independents covered on this policy: _____

NO. OF SHOW DAYS/PUBLIC EVENTS ON PREMISES	NO. OF PUBLIC CLINIC DAYS	PUBLIC EVENT/SHOW DATES
IF AHSA, PROVIDE COMPETITION NO.		PROVIDE DATES WHEN SPECTATORS MAY EXCEED 500/DAY

If you are required to provide a Certificate as proof of insurance, provide name(s) and complete address(es) and advise interest of each: _____

No. of Horses Sold Annually: _____ Gross Receipts from Tack Shop: \$ _____

- Are you obtaining releases from students and boarders? Yes No
- Do you provide horses for rent to the public for trail rides? Yes No
- Do you give pony rides or provide ponies for parties? Yes No
- Do you give hay/sleigh/carriage rides? Yes No

**ALL OPERATIONS
MUST BE DECLARED**

Describe fully any other events or changes in your operations: _____

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.

APPLICANTS SIGNATURE REQUIRED X	DATE / /	AGENTS/BROKER'S SIGNATURE X	DATE / /
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**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**