

GENERAL INFORMATION

Policy #					
Desired Coverage:		<input type="checkbox"/> CGL Farm Liability		<input type="checkbox"/> Equine Liability Only	
Effective Date:			Expiration Date:		
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rewrite	<input type="checkbox"/> Account Bill	<input type="checkbox"/> Direct Bill	Pay Plan Choose an item

AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

APPLICANT INFORMATION

Horseshow Organization:			
Name of Individual to Whom All Correspondence will be Mailed:			
Address:			
City:	State:	Zip:	Website:
Phone Number:		Email:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other, Describe:			
Number of Years of Experience in this Type of Operation:			

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

LOSS HISTORY

No Losses (in last 3 years) Loss Runs Attached Apply Loss Free Credit

Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) YES NO
If yes, please explain:

UNDERWRITING QUESTIONS

1. Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

4. Are all fences/gates in good conditions where the event is taking place? How often are they checked and by whom? Any wire fencing used on the premises? What type (example: high-tensile smooth or barbed wire, no climb or woven wire)? If barbed wire is used, please describe where it is used. Are all pastures totally fenced? Describe type of fencing: Height of fencing: Who is responsible for fence repair? Is the warm up area fenced? Security on site? Ambulance or EMT? Has any animal ever escaped? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the insured have dogs? Number: Breed: Do you have dogs on the premises? Number: Breed: Do you allow your clients to bring their dogs? If yes, on leashes: <input type="checkbox"/> YES <input type="checkbox"/> NO Dog bitten or caused injury to anyone? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Any recreational vehicles, such as ATVs or golf carts on the premises? If yes, number and type: Who is allowed to use? Used off premises at shows or events? Leased or rented from show or event? Any youthful driver?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is there 24-hour supervision of the facility? If yes, please describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Riding facilities: <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you have Workers' Compensation Insurance? Note: Workers' Compensation and Employer's Liability is not covered under this policy.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Payroll for Horse Operations		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Do you require all individual under the age of 18 to wear approved safety helmet at all times while riding on your premises? If no, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Do you sell any tack, clothing or media? If yes, what are the annual receipts? If yes, describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do you repair any tack or riding equipment? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Do you provide any type of farrier services? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. How do you dispose of the animal waste?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Is hunting/finishing permitted on the property?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. What is the minimum age of participant?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Do you operate a Bed and Breakfast or other overnight accommodations or food service? If yes, please describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Are all of the followed posted clearly?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Phone Numbers:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety and Barn Rules:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No Smoking Signs:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
State Equine Liability Warning:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SHOW / EVENT LOCATION SECTION

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# of Acres	Owned	Leased	Other	# of Years at this location
1						
2						
3						
4						
5						

RIDING CLUB / EVENTS

Give description of all premises and functions: What is the maximum number of individual club members each year? List all states with members of named organization:			
Is the club responsible for the maintenance of any trails: <input type="checkbox"/> YES <input type="checkbox"/> NO		Used by non-members: <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is maximum number of individual club members each year (not family memberships): A PUBLIC EVENT IS ANY CLUB ACTIVITY IN WHICH NONMEMBERS ARE INVITED TO PARTICIPATE. DO NOT SHOW ANY ACTIVITIES WHICH ARE LIMITED TO MEMBERS ONLY IN THIS SECTION. MUST DECLARE ALL PUBLIC DAYS.			
# of Show Days:	Dates:	# of Trail Ride Days:	Dates:
# of Clinic Days:	Dates:	# of Rodeo Days:	Dates:
# of Parade Days:	Dates:	# of Hunt Days:	Dates:
Other: (Polo matches, Parades, Gymkhana, etc.)			Dates:
Is liquor or food permitted or served at any club functions or events: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: Is cert obtained from vendor: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will spectators ever exceed 500 for any of the above days: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which events: Number of Spectators each day: Number of Participants each day:			
NOTE: If dates have not been set, prior notice of the event must be submitted to the company before the event date. Coverage will not be provided for dates that have not been declared in advance of event.			

LIABILITY SECTION

CGL Farm Liability

REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)			
<input type="checkbox"/> \$300,000 OCC / \$600,000 AGG	<input type="checkbox"/> \$500,000 OCC / \$1,000,000 AGG	<input type="checkbox"/> \$1,000,000 OCC / \$2,000,000 AGG	<input type="checkbox"/> OTHER /
\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS AND TRIPLE AGGREGATE.			

CGL FARM LIABILITY ONLY

Deductible Type <input type="checkbox"/> N/A <input type="checkbox"/> PD Deductible Basis - <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 Per Occurrence				
<input type="checkbox"/> Damage to Premises Rented to You (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000				
Personal and Advertising Injury - <input type="checkbox"/> Include <input type="checkbox"/> Exclude				
<input type="checkbox"/> Personal Liability:				
Insured Name:	<table border="1" style="width: 100%;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			

CERTIFICATES OF INSURANCE REQUESTED FOR

Certificate Holder Only Additional Insured, Subject to Company Approval

<input type="checkbox"/> Owner of Premises:	
Name:	Location #:
Mailing Address / City / State Zip:	
<input type="checkbox"/> Certificate Holder Only	<input type="checkbox"/> Additional Insured, Subject to Company Approval
<input type="checkbox"/> Other (Explain insurable interest, if any):	
Name:	
Mailing Address / City / State Zip:	

Complete the following sections if non-members participate in club activities:

SADDLE ANIMALS FOR HIRE HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES	<input type="checkbox"/> CHECK IF NO EXPOSURE
Do you have this type of exposure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

EQUESTRIAN SCHOOLS RIDING INSTRUCTION - CLINICS	<input type="checkbox"/> CHECK IF NO EXPOSURE
Do you have this type of exposure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

BOARDING (STALL RENTALS/PADDOCKS) PASTURING - TRAINING	<input type="checkbox"/> CHECK IF NO EXPOSURE
Do you have this type of exposure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

HAY, SLEIGH, CARRIAGE or OTHER RIDES (UW Approval Required)				<input type="checkbox"/> CHECK IF NO EXPOSURE	
Do you have hay rides: <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have sleigh rides: <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have Carriage rides: <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have other rides: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Describe:	Describe:	Describe:	Describe:		
How often:	How often:	How often:	How often:		
Receipts:	Receipts:	Receipts:	Receipts:		
Number of participants:	Number of participants:	Number of participants:	Number of participants:		

HUNT CLUBS	<input type="checkbox"/> CHECK IF NO EXPOSURE
In addition to any exposures above, how many hounds does the hunt own or use:	
If the hunt owns or uses horses other than those owned by participants, how many are used by staff (hunt masters, whips, etc):	
Are any ever rented or loaned to riders: <input type="checkbox"/> YES <input type="checkbox"/> NO	How many:
If horses are rented or loaned to others, is a release taken for all such riders or from parents or guardians of minors: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Any other operations not described above: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please describe fully, including receipts:	

CARE, CUSTODY AND CONTROL					<input type="checkbox"/> CHECK IF NO EXPOSURE
Number of Horses:	Breed:	Use:			
Per Horse Limit/Aggregate Limit: <input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000					
<input type="checkbox"/> \$10,000/\$100,000 <input type="checkbox"/> \$15,000/\$150,000 <input type="checkbox"/> \$25,000/\$250,000 <input type="checkbox"/> \$50,000/\$250,000 <input type="checkbox"/> \$75,000/\$300,000					
<input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$150,000/\$400,000 <input type="checkbox"/> \$200,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000					
Number of Stalls:	Stable/Barn #1:	Stable/Barn #2:	Stable/Barn #3:	Stable/Barn #4:	
Is any stable over 25 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, when was the last time electrical wiring was checked and certified suitable for current usage?					
Do the buildings have properly marked and charged fire extinguishers? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Minimum # of Non-Owned Horses in Your Care:			Minimum Value of Non-Owned Horses:		
Average # of Non-Owned Horses in Your Care:			Average Value of Non-Owned Horses:		
Maximum # of Non-Owned Horses in Your Care:			Maximum Value of Non-Owned Horses:		

Do you transport horses for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer questions below:	
Maximum number of trips per year:	
Maximum number of non-owned horses per trip:	
Radius of normal operations: miles	
Number of trips and destinations exceeding 175 mile radius: Trips:	Destinations:
How often are trailer or van boards checked?	
How many persons go on each trip?	
Are working fire extinguishers carried on the van or truck? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Transportation Extension: Waive the 175 mile radius of operation for damages arising out of transportation (Care, Custody or Control).

EXCLUSION: CG 21 01 - Athletic or Sports Participation will be attached to your policy - See form for specific exclusion

FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

In CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

If there are any material changes in your stable operations during the policy year, please notify your agent at once.

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.

INSURED'S SIGNATURE x	DATE / /	AGENT'S SIGNATURE x	DATE / /
--------------------------	-------------	------------------------	-------------

**IMPORTANT - ORIGINAL MUST BE RETURNED
INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**