		Race Horse (Owners Liab	ility	
Customer No.	Company Use Only		erage applies only to caused by named	horses.	9 20
Producer No			lo premise coverage	afforded.	
	(Note: This is not a Bind	er. Incomplete or uns	igned applications v	vill be returned for com	pletion.)
Agei	ncy's Name and addre	ess (Include Zip Co	ode) Agen	cy Phone # () -
City		St	Zip	Producer	
35.235 xxx 36.655	New Business Quo	te Issue	Effe	ctive Date	Quote Desired By
Transaction	Renewal of #			to	
	nts require premium to be \$1,000	or more plus there are ins	tallment Direct Bi	Direct Bill installment p	Monthly Mulitiple
Agency Bill	A Semi-A	Q 10 payments			ership LLC
Applicant is	Owner/Operator Other	Absentee Owner	П		
	04.0.	- Name and addre	ss (include Cou	nty and Zip Code)	
		<u></u>			Zip
City		Co	www:	St] ZIP]
Insured's F	Phone Number (Name of Horse)	Breed	Use	% of Ownership
1	Hamo of Horos				
1					
2			7201 - 1/D	No.	
3			4		
-					
4					
5					
A. Are the h B. If "Yes" t name of	norses scheduled above so A, describe all facilities carrier, policy term and li	stabled on premise o and uses including a mits of liability. Stall r	f a farm owned or lead rereage. Is facility of ental by you at a boar	eased by you? Yeased by farm or homeding facility does not con	es No neowner policy? Provide nstitute leased premises.
C. Is horse	leased? Yes No	Explain "Yes" a	enswer and provide	copy of lease agreem	ent
D. Do you	or your employees have	any involvement with	training or breeding	g of horses? Yes	No Explain "Yes" answe
D. Do you	or Jour Chiproj Soc Harton				
E. Does you	modes pro-	Yes No		Yes No	
	IF YOU HAVE ANSWER	ED 'YES' TO 'C', ABO EASE SUBMIT THE P	VE, THE RATES IND ROPER APPLICATION	ICATED ON PAGE 2 D ON FOR QUOTE.	O NOT APPLY.
F. 8935	Apr-04				Page 1 of 2

· · · · · · · · · · · · · · · · · · ·		Race	Horse Own		,	Jontinge		7 1			
Name and address of boarding facility									Additional insured form required.		
	1	1					1		01		V 1464
CODE 88281 CHECK ONLY		OF INSURANCE	Minimum Premiums are Fully Earned Number of Horses				Premium Subject to State		0010110130		Final Premiu
		ENCE/AGGREGATE / \$600,000	1-3 \$326	4 - 6 \$544	7	\$725	Cha	arge	Ref	fer to Co	By Company
		/\$1,000,0000	\$380	\$634	-	\$845					
	1,000,00	00 / \$2,000,000	\$450	\$750		\$1,000			The second secon		
	* Fully	Earned premium	means no * > 10 Hors				d-term	canc	ella	itions.	
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xperience - 4 Years Name of Company		Premium Police		y#	Cove Dat	erage # c tes Clair				ss Amount	
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-				+	-	+	***				
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xplain any l	osses										
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ave you be	en cance	elled or non-renew	vea in the p	ast 5 yea	5!		163	LINO	-	11 10.	s, give reason
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