Berkley Equine & Cattle
a Berkley Company

INSURANCE CARRIER: STARNET INSURANCE COMPANY

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 (866) 298-5525

Private Horse Owner's Liability Application

(For States: AL, AR, FL, IA, ID, LA, MS, ND, NM, OR, SD, UT, WV, WY)

Applicant Information/Mailing Address			**Applicant Is:**	
			☐ Individual	☐ Partnership
			☐ Corporation	☐ LLC
			☐ Other (Explain)	
			Agency Information	
Phone:	Day	( )		
	Evening	( )		
	Fax/Other	( )		
E-Mail:			**Agency Number:**	
Website:			**Phone:**	( )
Bill Type:	◯ Agency Bill ◯ Direct Bill	**Pay Plan:** 1-Pay	**Fax:**	( )
Requested Coverage Date:			**E-Mail:**	

Name of Horse	% of Ownership	Breed	Use

Extra horses may be added for an additional premium (Use separate sheet if necessary)

1. Do you lease your horse to anyone? ☐ **Yes** ☐ **No** If Yes, for what purpose? _____
2. Do you or does anyone give riding lessons to individuals on any horse that you own? ☐ **Yes** ☐ **No**
3. Do you operate any commercial equine business (i.e. boarding, training horses or riders)? ☐ **Yes** ☐ **No**
4. Do you stable your horse on your owned or leased premise (other than renting stall space at boarding stable)? ☐ **Yes** ☐ **No**

HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? ☐ **Yes** ☐ **No**

Explain all claims and reported incidents for the past 3 years. Give dates, cause of loss and amount paid:

_____

Have you had coverage cancelled or refused in the past 3 years? ☐ **Yes** ☐ **No**

If Yes, please explain: _____

LIMITS OF INSURANCE – Check One Limit
◯ **$300,000 each occurrence / $600,000 aggregate**
◯ **$500,000 each occurrence / $1,000,000 aggregate**
◯ **$1,000,000 each occurrence / $2,000,000 aggregate**

Liability Limits include $5,000 Medical Payments Coverage and $100,000 Fire Legal Liability Coverage. **All Applications Must Be Signed And Dated.**

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO 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.

NOTICE TO NEW MEXICO APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OREGON APPLICANTS – Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
Date	Signature of Applicant