

Sypolt Insurance Services, Inc.
11344 Coloma Road, #635, Gold River, CA 95670
Tel: 916-669-1362 or 800-995-4770, Fax: 916-669-1363
www.sypoltinsurance.com – License #OD10217

If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own more than 10 horses, please complete a Commercial Equine Liability application.

**COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S).
BODILY INJURY TO PARTICIPANTS IS EXCLUDED.**

NAME OF INSURED			AGENCY NAME			AGENCY CODE		
			Sypolt Insurance Services, Inc.					
MAILING ADDRESS			MAILING ADDRESS					
			11344 Coloma Rd, Suite 635					
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
					Gold River		CA	95670
TELEPHONE NUMBER		FAX NUMBER		TELEPHONE NUMBER		FAX NUMBER		
				916-669-1362 or 800-995-4770		916-669-1363		
EMAIL ADDRESS				EMAIL ADDRESS				
APPLICANT IS:								
INDIVIDUAL PARTNERSHIP OTHER (SPECIFY) _____								
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTJNERS OR OFFICERS.								
LIMITS OF LIABILITY: (CHECK ONE) rates as of 11/01/2012								
			\$ 500,000CSL/Occurrence (\$175 MP)			\$1,000,000 CSL/Occurrence (\$275 MP)		
			\$1,000,000 General Aggregate			\$2,000,000 General Aggregate		
			3 horses incl. in MP-\$49.00 per horse			4 horses incl. in MP-\$63.00 per horse		
			over 3 horses			over 4 horses		
(Inquire about the availability of higher per occurrence limits, triple aggregate or higher medical payments coverage.)								
1. Are your horses stabled on premises owned or leased by you? YES NO								
(Stall rental at racetrack or boarding stable does not constitute leased premises.)								

If any of your horses are boarded at a boarding facility, please list the name of the horse and the name & address of the boarding facility below

2. Do you board, breed, train horses or riders for compensation or operate any commercial equine activities? **YES NO**
 If you have answered "Yes" to this question, coverage cannot be bound. Please submit a Commercial Equine Liability application for quote.

SCHEDULE OF ALL OWNED HORSES – IF HORSE IS UNNAMED, PROVIDE YEAR OF BIRTH, SIRE AND DAM

NAME OF HORSE	BREED	USE	% OF OWNERSHIP	NAME & ADDRESS OF BOARDING FACILITY

The Minimum Premium includes 1 Additional Insured – 2

Additional Insured: _____

3. Are any of your horses leased to others or used for instruction to others? **YES NO**

4. Name of present or previous insurance company (if no previous company, state "none"). _____

5. Have you had any claims in the past five (5) years? **YES NO**

If yes, give appropriate dates and explanations including payments made. _____

6. Have you been canceled or denied coverage in the last three (3) years?

YES NO

If yes, please explain:

STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

FLORIDA: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statement and representations made are the best of his/her knowledge true.

APPLICANT'S SIGNATURE:	DATE:	AGENT'S SEGNATURE:	DATE:
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IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED.

INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE.

PLEASE NOTE

The Private Horse Owner policy is designed to cover the owner of horses who is not personally involved in the commercial business of training, racing, breeding or boarding of horse, or providing riding instruction or any other commercial equine activity. The policy limits coverage to bodily injury and property damage caused direct by a horse, which is owned by the insured and scheduled on the policy.

Are your horses kept on your own property or property leased to you? Are your premises or any of your stalls occupied by horses other than your own? Are other horse operations conducted on your premises? If you have answered "yes" to any of the questions, contact your agent and request a Comprehensive Equine Liability application to complete in order to obtain appropriate coverage.