

**APPLICATION FOR LEGAL LIABILITY OF NON-OWNED HORSE  
IN YOUR CARE, CUSTODY OR CONTROL**

AGENCY NAME <i>Sypolt Insurance Services, Inc. License #OD10217</i>		
ADDRESS <i>11344 Coloma Road, Suite 635, Gold River, CA 95670</i>		
TELEPHONE NO. <i>916-669-1362</i>	FAX NO. <i>916-669-1363</i>	AGENCY CODE
DIRECT BILL                      NEW BUSINESS – DESIRED EFFECTIVE DATE                      /                      / ACCOUNT CURRENT              RENEWAL – EXPIRATION DATE                      /                      /                      POLICY NO. CCC		
NAME OF INSURED		BUSINESS/STABLE NAME
MAILING ADDRESS		
CITY/STATE/ZIP CODE		TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS		
CITY/STATE/ZIP CODE		
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS, IF PARTNERSHIP, LIST ALL PARTNERS		
DO YOU:  OWN  LEASE	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.	

RENT THE PREMISES?				
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR?				
IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR?				
DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS:				
DESCRIBE CONDITION OF FENCES:	EXCELLENT	GOOD	FAIR	POOR
DESCRIBE CONDITION OF STABLES:	EXCELLENT	GOOD	FAIR	POOR
OPERATIONS: STABLE OWNER	BOARDING	BREEDING	TRAINING	OTHER
BREED OF ANIMALS				
USE OF ANIMALS				
DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES				
ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE?	YES NO			
IS ANY STABLE OVER 25 YEARS OLD? YES NO	IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED,			
CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE?				

NUMBER OF STALLS #1	BARN	BARN #2	BARN #3	BARN #4
MINIMUM NUMBER OF HORSES IN YOUR CARE			MINIMUM VALUE OF HORSES IN YOUR CARE	
AVERAGE NUMBER OF HORSES IN YOUR CARE			AVERAGE VALUE OF HORSES IN YOUR CARE	
MAXIMUM NUMBER OF HORSES IN YOUR CARE			MAXIMUM VALUE OF HORSES IN YOUR CARE	
<u>SELECT APPROPRIATE LIMITS OF LIABILITY FROM THE OPTIONS OUTLINED ON PAGE 3.</u>				

POLICY COVERS INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.

\* COVERAGE MAYBE EXTENDED, REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS? YES NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR. \_\_\_\_\_

MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_ RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ MILES

NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_

ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCKS? YES NO

DO AT LEAST TWO PEOPLE GO ON EACH TRIP? YES NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED. \_\_\_\_\_

FRAUD NOTICES:

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 purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may be subject each person to criminal and civil penalties.

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 to the third degree.

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

APPLICANT (PRINT)

SIGNATURE

X

DATE

AGENT SIGNATURE

X

DATE

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted for the policy issue

**CARE, CUSTODY OR CONTROL PROGRAM  
RATES AND LIMITS OF LIABILITY (CHECK ONE)**

Limit Per Horse	Maximum Loss Per Policy Year	Policy Premium Up to 20 Horses	Additional Charge Each Horse Over 20	Company Code
\$200,000	\$500,000	\$2,500	\$20	01
\$150,000	\$400,000	\$2,250	\$20	13
\$100,000	\$300,000	\$1,500	\$20	02
\$75,000	\$300,000	\$1,300	\$20	14
\$50,000	\$250,000	\$900	\$20	03
\$25,000	\$250,000	\$550	\$20	04
\$15,000	\$150,000	\$500	\$10	15
\$10,000	\$100,000	\$400	\$10	05
\$10,000	\$50,000	\$350	\$10	06
\$5,000	\$50,000	\$300	\$10	07
\$5,000	\$25,000	\$250	\$10	08
\$2,500	\$25,000	\$200	\$10	16
\$2,500	\$12,500	Policy Premium Up to 10 Horses \$175	Additional Charge 11-10 Horses, Each \$5	17
\$5,000	\$20,000	\$200	\$5	18

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 \hline
 \text{Base Premium} & & & \text{Number of Horses} & & \text{Additional Premium} & \text{ANNUAL PREMIUM} \\
 \text{(from above)} & & & \text{over 20} & & \text{for Each Horse} & \\
 \hline
 \end{array}$$

Transportation Extension           \$ \_\_\_\_\_  
(\*Refer to Underwriter)

TOTAL ANNUAL PREMIUM           \$ \_\_\_\_\_

Rates subject to change.