

AIG
American Home Assurance Company
Insurance Company of the State of Pennsylvania

EQUINE INSURANCE APPLICATION
THIS IS NOT A BINDER

The Hofferber Insurance Group
 5700 Smith Avenue
 Baltimore, MD 21209-3610
 Phone: (410) 542-3300 Fax: (410) 542-3399

New Business Renewal of

IMPORTANT: No application will be considered if not fully completed and signed by the Insured within 20 days of inception. Coverage is considered as "applied for" when the applicant has signed and dated this form.

NAME OF APPLICANT _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____ From _____ To _____

CONTACT INFORMATION Email Address: _____ Cell: () _____

COVERAGE(S) DESIRED
 Mortality or Specified Perils
 Major Medical (select one, not to exceed the Mortality Limit) \$5,000 \$7,500 \$10,000 \$12,500
 12-Months Extension Other: _____

POLICY PERIOD REQUESTED
 (12:01am Standard Time)

BILLING METHOD: Agency Bill Direct Bill Installments (Premiums of \$750 or more) *
 *40% Down plus three installments of 20% billed every 60 days. A service fee of \$5.00 per installment applies

AMOUNTS OF INSURANCE IN EXCESS OF PURCHASE PRICE ARE SUBJECT TO COMPANY ACCEPTANCE. VALUE SUBSTANTIATION MUST BE PROVIDED.

NAME AND REGISTRATION / SIRE & DAM (A photo is required for unregistered animals)	YR. OF BIRTH (DOB if under 1 year)	SEX Filly, Colt, Gelding, Mare or Stallion	BREED	USE	DATE OF PURCHASE	PURCHASE PRICE	REQUESTED AMOUNT
1) _____	_____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____	_____

- Percentage of ownership Give name and address of other owner(s):
 100% or % Yes No
- Was purchase price paid by cash, trade, or both? Give particulars:
 Yes No
- Are animals financed or leased? Name and address of Loss Payee:
 Yes No

9. Has any horse owned by you died in the past three years?
 If yes, state cause of death: _____ Yes No
 Was there insurance? Yes No What company? _____
 10. Are you insuring other horses with another company?
 If so, which company: _____ Yes No
 11. Name and telephone number of your regular veterinarian: _____
 12. How long has this veterinarian treated the horse(s)? _____
Health Statement: Is acceptable for non-racing horses valued at \$25,000 or less, age 31 days of age through 15 years old, not requesting Loss of Use coverage and horses that have not had any illness, injury, lameness, disease or surgery in the past twelve months. A satisfactory veterinarian certificate is required for all others.
The undersigned, hereby affirms that the afordescribed animal(s) are in good health and have not had any illness, injury, surgery or loss of foal (if broodmare) during the past 12 months, to the best of my knowledge and belief. I understand that Underwriters are issuing insurance in reliance upon the information I am now disclosing.

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 thereto, commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.
For New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
For 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.
For Virginia Applicants: It is a crime to knowingly provide false, incomplete information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 or the policy issued.

APPLICANT'S SIGNATURE _____ DATE _____ / _____ / _____

COVERAGE IS CONSIDERED AS "APPLIED FOR" WHEN THE APPLICANT HAS SIGNED AND DATED THIS FORM