

StarNet Insurance Company

A Berkley Company

Home Office: 475 Steamboat Road, Greenwich, CT 06830 800-343-0592

Underwriting Office: Berkley Underwriting Partners, LLC 3655 North Point Parkway, Suite 430, Alpharetta, GA 30005 866-298-5525

EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY APPLICATION – NEW YORK

THIS IS NOT A BINDER. COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT. COVERAGE IS BOUND ONLY WHEN YOUR CHECK FOR THE FULL AMOUNT IS RECEIVED BY OUR AGENT.

Application for Insurance (Please print):		
Your Name:		
Business Name (if applicable):		
Mailing Address:		
City:		
State:		
Zip Code:		
Telephone Number:		
Facsimile Number:		
Your principal activities:	___ Owner ___ Trainer ___ Other – Describe:	
Number of Horses Owned/Trained:		
Principal use of horse(s)		
Describe fully any liability incidents in the last five (5) years (Date of loss, description, loss amount):		
Premium Computation:		
	\$	\$
Number of Horses	Rate per horse from Schedule below	Total Premium

Rating including Federal Terrorism Risk Insurance Act premium amount:					
Rates per Horse for Coverage Bound between 1 Nov and 30 Apr:			Rates per Horse for Coverage Bound after 1 May:		
Horses Declared:	Premium Per Horse:		Horses Declared:	Premium Per Horse:	
One	\$	90.00	One	\$	50.00
Two	\$	180.00	Two	\$	100.00
Each Additional	\$	90.00	Each Additional	\$	50.00
Minimum premium is \$180.00			Minimum premium is \$100.00		

POLICYHOLDER DISCLOSURE – NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as extended December 22, 2005 (the "Act"), you have a right to **reject** insurance coverage for losses resulting from acts of terrorism, as defined in Section 102 (1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your ___ NEW or ___ RENEWAL coverage may be affected as follows:

Important note: The Act does not include terrorism coverage for the following lines of insurance: Commercial Auto, Farmowners Multi-peril, Burglary and Theft, Surety, and Professional Liability Coverages.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, AS DEFINED UNDER THE ACT; SUCH

LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE ACT. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT PAYS NINETY (90) PERCENT (85 PERCENT IN 2007) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

THE NATIONAL HORSEMAN'S BENEVOLENT AND PROTECTIVE ASSOCIATION, INC. HAS DECIDED TO ACCEPT THIS COVERAGE UNDER FEDERAL LAW, YOU AS A MEMBER ADDITIONAL INSURED OF THE NATIONAL HORSEMAN'S AND PROTECTIVE ASSOCIATION, INC MAY REJECT THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT. IF YOU REJECT COVERAGE, YOU WILL NOT BE COVERED FOR LOSSES RESULTING FROM ACTS OF TERRORISM, AS DEFINED IN THE ACT. IF YOU WISH TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW AND SIGN AND DATE THIS FORM.

<input type="checkbox"/>	I hereby decline coverage for terrorism, I understand that I will have no coverage for losses resulting from acts of terrorism.
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If you decline certified acts of terrorism coverage your premium will be reduced by **\$1.00** per horse you report and a certified acts of terrorism exclusion will be attached to your additional member insured endorsement.

Policyholder/Applicant's Signature

Date

Print Name and Title/Relationship to Applicant

FRAUD WARNINGS

Please read the following fraud warnings that follow and sign the application were indicated.

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 persons 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 COLORADO APPLICANTS – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 KENTUCKY APPLICANTS – Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance 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.

NOTICE TO LOUISIANA 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 MAINE APPLICANTS – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS – Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

NOTICE TO 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.

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.

NOTICE TO PENNSYLVANIA APPLICANTS – Any person who knowingly and with intent to defraud any insurance company or other person files and 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 subject the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS – 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.

NOTICE TO VIRGINIA APPLICANTS – 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.

WASHINGTON FRAUD STATEMENT – 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.

NOTICE TO WEST VIRGINIA 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 NEW YORK APPLICANTS – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Applicant	Printed Name of Applicant	Date	Relationship of Applicant to the Named Insured if not the Named Insured

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 AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

In further consideration of the coverage afforded by this policy, the insured agrees during the term thereof to remain a member in good standing in HBPA, Inc.

Send application with full premium payment to:

Lavin Insurance Group, LLC
Attention: Kevin S. Lavin
P. O. Box 1001
Pewee Valley, KY 40056
Telephone: 800-446-3112 or 502-228-1600
www.LavinInsurance.com

Animal Mortality insurance for horses is available from Lavin Insurance Group.

Do you have animal mortality insurance for your owned horses? ? Yes ? No.

Would you like an agent to call you about available coverages and premiums? ? Yes ? No

SUMMARY OF INSURANCE:

NO COVERAGE IS PROVIDED BY THE FOLLOWING SUMMARY NOR CAN THE SUMMARY BE CONSTRUED TO REPLACE ANY PROVISIONS OF POLICY OR ENDORSEMENTS. SHOULD THERE BE ANY DIFFERENCE BETWEEN THIS COVERAGE SUMMARY AND THE POLICY OR MEMBER ADDITIONAL INSURED ENDORSEMENT THE POLICY OR MEMBER ADDITIONAL INSURED ENDORSEMENT WILL PREVAIL.

What is the Equine Owners and Trainers Liability Insurance Program? – This is a policy program for members of the National Horsemen’s Benevolent and Protective Association designed to protect you from bodily injury or property damage liability claims or suits arising out of your horse activities (including breeding, racing, sales, and training). This insurance has been designed for the equine exposures you as a member of The National Horseman’s Benevolent and Protective Association may have.

What is Insured? – Subject to the exclusions and conditions of the policy; coverage for liability from bodily injury to participants (other than your employees) is covered. This insurance is not a substitute for workers’ or workmen’s compensation coverage and is not health or accident insurance for participants. The policy is designed to respond to allegations that you are responsible for injury or damage arising out of horse activities.

What Else is Insured?

- Liability you are required to assume under a written contract or agreement to indemnify or hold another harmless for horse activities.
- Personal and advertising injury related to your horse activities.
- This coverage is not a substitute for a farm liability and/or property policy. If you already have a farm liability policy with an equine activities endorsement, this insurance is limited to bodily injury to participants and applies as excess insurance to any other coverage afforded under the farm form.

Limits of Insurance – Each member additional insured has their own **\$1,000,000** coverage for each occurrence or offense and **\$2,000,000** General Aggregate. Damage to premises rented to you or occupied by you with the permission of the owner is provided with a limit of **\$50,000**. Medical Payments coverage applies as well in the amount of **\$5,000** per person.