

**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 – WASHINGTON**

THIS IS NOT A BINDER. COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT [SIGN AND DATE BELOW]. 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:					
Telephone Number:		Facsimile Number:			
Your principal activities:		<input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> 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):					
Rating at Limits of Insurance of \$1,000,000 / \$2,000,000 with Federal Terrorism Risk Insurance:					
Annual Rates per Horse for Coverage Bound between 1 Nov and 30 Apr.*			Annual Rates per Horse for Coverage Bound after 1 May.*		
Horses Declared:	Premium Per Horse:	Horses Declared:	Premium Per Horse:		
1 Horse	\$ 90.00	1 Horse	\$ 50.00		
2 Horses	\$ 180.00	2 Horses	\$ 100.00		
Each Additional Horse	\$ 90.00	Each Additional Horse	\$ 50.00		
Minimum premium is \$180.00			Minimum premium is \$100.00		
*Premium per horse will be pro rated for coverage bound after 1 November or 1 May					
Premium Computation:					
	\$	\$			
Number of Horses	Rate per horse from Schedule above	Total Premium			

**WASHINGTON FRAUD NOTICE:**

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.

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OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.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.

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

**YOU MUST SIGN AND DATE THIS APPLICATION HERE.**



## 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.