

**N.H.B.P.A OWNERS & TRAINERS LIABILITY PROGRAM  
 C/O STONE LANE, LLC (Kevin Lavin)  
 POST OFFICE BOX 1001  
 PEWEE VALLEY, KY 40056  
 (502) 228-1600 (800) 446-3112**

**EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY RENEWAL  
 APPLICATION - KENTUCKY**

StarNet Insurance Company  
 A Berkley Company, Home Office: 475 Steamboat Road, Greenwich, CT 06830  
 Underwriting Office: Berkley Underwriting Partners, LLC, 3655 North Pt. Pky., Suite 430, Alpharetta, GA 30005 866-298-5525

**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.**

Name Insured/Stable Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_

Principal Activities

Owner     Trainer

Principal Use

Racing     Breeding     Other – Describe \_\_\_\_\_

**\*2007 – 08 Renewal Rates\***

**\$90 Per Horse**

**\$180 Minimum Premium (1-2 Horses)**

**(It is necessary to include ALL owned/trained horses)**

Number of Horses \_\_\_\_\_ x \$90 per horse = \$ \_\_\_\_\_

1.5% KY Surcharge (Mandatory) = \$ \_\_\_\_\_

**Total Premium & Surcharge = \$ \_\_\_\_\_**

**- Calculation of 1.5% Kentucky State Surcharge-**

1-2 Horses = \$3.00	8 Horses = \$11.00	14 Horses = \$19.00	20 Horses = \$27.00
3 Horses = \$4.00	9 Horses = \$12.00	15 Horses = \$20.00	30 Horses = \$41.00
4 Horses = \$5.00	10 Horses = \$14.00	16 Horses = \$22.00	40 Horses = \$54.00
5 Horses = \$7.00	11 Horses = \$15.00	17 Horses = \$23.00	50 Horses = \$68.00
6 Horses = \$8.00	12 Horses = \$16.00	18 Horses = \$24.00	60 Horses = \$81.00
7 Horses = \$9.00	13 Horses = \$18.00	19 Horses = \$26.00	70 Horses = \$95.00

**APPLICATION MUST BE SIGNED ON PAGE 2**

**FRAUD WARNINGS**

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

**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.**

**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 of the National HBPA, Inc. and its state affiliates.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

***Please Make your Check Payable to Stone Lane, LLC***

**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.

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 COVERAGE**

THE NATIONAL HORSEMAN'S BENEVOLENT AND PROTECTIVE ASSOCIATION, INC. HAS ACCEPTED 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.

I hereby decline coverage for terrorism, I understand that I will have no coverage for losses resulting from acts of terrorism.

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.

Applicant's Signature \_\_\_\_\_  
**(Your Signature is required only if you decline Terrorism Coverage)      Date**