

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied).

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.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

APPLICATION MUST BE SIGNED AND DATED HERE

Send application with full premium payment to:

Stone Lane, LLC
Attn: Mr. Kevin Stone Lavin Connecticut License Number: 2501719
3006 Eastpoint Pkwy
Louisville, KY 40223
Telephone: 800-446-3112 or 502-228-1600
www.lavininsurance.com

Please make your check payable to: Stone Lane, LLC

HBPA “MEMBER ADDITIONAL INSURED” DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Your National Horsemen’s Benevolent and Protective Association Risk Purchasing Group, Inc., master policy includes coverage for “certified acts of terrorism”. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the “Act”), you have a right to **reject** insurance coverage under your “member additional insured” endorsement 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 consultation 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 certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals 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 “additional member insured” endorsement may be affected as follows:

YOU SHOULD KNOW COVERAGE IS PROVIDED BY THE ASSOCIATION’S POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, THE POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015, 84% BEGINNING ON JANUARY 1, 2016, 83% BEGINNING ON JANUARY 1, 2017, 82% BEGINNING ON JANUARY 1, 2018, 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS INCLUDED IN THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS U. S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Rejection of Terrorism Coverage – Check This Box And Sign Below Only If You Wish To Reject Terrorism Coverage

<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified 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

ONLY SIGN HERE IF YOU WANT TO DECLINE TERRORISM COVERAGE.

-OPTION-

ADDITIONAL COVERAGE

-Excess Liability-

If you should require an additional limit of liability coverage above & beyond the HBPA coverage of \$1,000,000 per occurrence, StarNet Insurance Company can provide additional limits up to \$5 million. Please note that Excess Liability is in addition to the HBPA coverage, and is not a substitute. The annual premiums based on your total number of horses are as follows:

Total Number of Horses under 45	Total Number of Horses 45 or More
<input type="checkbox"/> \$1 Million @ \$ 817.00	<input type="checkbox"/> \$1 Million @ \$1,362.00
<input type="checkbox"/> \$2 Million @ \$1,362.00	<input type="checkbox"/> \$2 Million @ \$2,451.00
<input type="checkbox"/> \$3 Million @ \$1,906.00	<input type="checkbox"/> \$3 Million @ \$3,541.00
<input type="checkbox"/> \$4 Million @ \$2,451.00	<input type="checkbox"/> \$4 Million @ \$4,630.00
<input type="checkbox"/> \$5 Million @ \$2,996.00	<input type="checkbox"/> \$5 Million @ \$5,719.00

Higher limits above \$5 Million may be available. Please call us if you are interested in a quote for excess limits above \$5 Million.

Please check which limit you are requesting, sign & date the bottom of this form, and include the annual premium with your HBPA application. Please feel free to call our office with any questions that you may have at (502) 228-1600. Thank you.

Signature: _____ Date: _____