



Underwriting Office: Berkley Program Specialists, 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 866-298-5525
EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY APPLICATION – CONNECTICUT

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 ON PAGE 2]. 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:				
Cell Phone Number:		E-Mail:				
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):						
Rating at Limits of Insurance of \$1,000,000 / \$2,000,000 with Federal Terrorism Risk Insurance:						
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:		
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 Computation:						
	\$				\$	
Number of Horses	Rate per horse from Schedule above		Total Premium			

Certificate Of Insurance – Please check any of the following tracks or training facilities that require proof of coverage:

- Delaware Park
- Keeneland
- Turfway Park
- Other: _____
- Fair Hill Training Center
- Palm Meadows Training Center
- The Thoroughbred Training Center
- Parx Racing

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 CIVIL PENALTIES.

APPLICATION MUST BE SIGNED AND DATED ON PAGE TWO (2)



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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.

POLICYHOLDER 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 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 _____

ONLY SIGN HERE IF YOU WANT TO DECLINE TERRORISM COVERAGE.



EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY APPLICATION – CONNECTICUT

Send application with full premium payment to:

Stone Lane, LLC
Attention: 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

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.