

N.H.B.P.A OWNERS & TRAINERS LIABILITY PROGRAM  
C/O STONE LANE, LLC  
Attn: Mr. Kevin Stone Lavin Florida License Number: W278266  
3006 EASTPOINT PKWY  
LOUISVILLE, KY 40223  
(502) 228-1600 (800) 446-3112

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



Underwriting Office: Berkley Program Specialists, 3655 North Pt. Pky., Suite 625, 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 \_\_\_\_\_

**Premium Calculation**

➤ Number of Horses \_\_\_\_\_ x \$90 per horse = \$ \_\_\_\_\_  
(It is necessary to include ALL owned/trained horses) **\$180.00 minimum**  
(1 - 2 Horses)

**Principal Activities**

Owner     Trainer

**Principal Use**

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

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

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

**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.

**APPLICATION MUST BE SIGNED ON PAGE 2**

**FRAUD WARNING**

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

**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.**

**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

**APPLICATION MUST BE SIGNED AND DATED**

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

Send application with full premium payment to:

Stone Lane, LLC  
Attn: Mr. Kevin Stone Lavin Florida License Number: W278266  
3006 Eastpoint Pkwy  
Louisville, KY 40223  
Telephone: 800-446-3112 or 502-228-1600  
[www.lavininsurance.com](http://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.

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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:

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

**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: \_\_\_\_\_