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**RENEWAL APPLICATION FOR EQUINE LIABILITY COVERAGE**  
**THIS IS NOT A BINDER**

Insured Name: _____ _____ Mailing Address: _____ _____ Phone: _____ Fax: _____ E-Mail: _____	Agency Name: Global Insurance Alliance, Inc. Agency Number: 8000 Address: 10909 E. Southwind Lane Scottsdale, AZ 85262 Phone: 480-816-5665 Fax: 480-837-5641 E-Mail: Melissa@globalinsaz.com
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Renewal of Policy # _____ Renewal Dates From _____ To _____	<b>Payment Terms (check one):</b> <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill / _____ % Down
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<i>Locations To Be Covered:</i>			
<u>Address</u>	<u>County</u>	<u># Of Acres</u>	
_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease
_____	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Lease

**Renew my policy based on the following information:**

	NUMBER OWNED	NUMBER NON-OWNED
Breeding (includes Foals and Weanlings)		
Training (Pleasure & Show)		
Racing & Race Training		
Boarding (No Training) – Race, Show, & Pleasure Horses		
Other (Retired &/or Laid-Up)		
Other Animals (Cattle, Sheep, Goats, or _____ )		

1. Riding Instruction – number of owned &/or non-owned horses used by the applicant: \_\_\_\_\_
2. Annual receipts for instruction on owned &/or non-owned horses used by the applicant: \$ \_\_\_\_\_
3. Maximum number of school horses used at one time: \_\_\_\_\_; Average number of lessons per week: \_\_\_\_\_
4. Annual receipts for instruction on student owned horses: \$ \_\_\_\_\_
5. Average number of lessons per week on student owned horses: \_\_\_\_\_
6. Independent instructor receipts on school horses: \$ \_\_\_\_\_; on student owned horses: \$ \_\_\_\_\_
7. Tack items / values: \_\_\_\_\_

<b>Additional Insureds (include any independent instructors):</b>	
<b>1.</b> Name: _____ Address: _____	Interest: _____
<b>2.</b> Name: _____ Address: _____	Interest: _____
<b>3.</b> Name: _____ Address: _____	Interest: _____
Certificate of Insurance required for Additional Insured: <b>1</b> &/or <b>2</b> &/or <b>3</b> (circle # if appropriate)	

8. Are you holding any horse sales, tack sales, horse shows, competitions, horse clinics, or summer camps?  
 Yes     No. *If 'yes' to any of these, please provide details of all activities, receipts, dates, number of participants, and number of spectators (attach a separate sheet if necessary):* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Describe any additional activities other than what is shown above: \_\_\_\_\_  
 \_\_\_\_\_

**COVERAGE LIMITS (check one)**

Renew current limits of \$ \_\_\_\_\_ per occurrence / \$ \_\_\_\_\_ aggregate per policy term; or

Issue at new limits of:

- \$300,000 limit per occurrence / \$600,000 aggregate limit per policy term
- \$500,000 limit per occurrence / \$1,000,000 aggregate limit per policy term
- \$1,000,000 limit per occurrence / \$2,000,000 aggregate limit per policy term

10. Provide details for any losses, suits or potential claims during the prior policy term: \_\_\_\_\_

11. If your expiring policy does not include coverage for non-owned horses in your care, custody, or control, do you desire that coverage?  Yes  No. *If 'yes', please complete a CCC application.*

12. If your expiring policy includes CCC coverage and you want to renew that coverage, please answer the following questions:

- a. Do you transport horses for others?  Yes  No. Maximum trips per year: \_\_\_\_\_
- b. What is the maximum number of horses per trip? \_\_\_\_\_
- c. What is the normal transit distance? \_\_\_\_\_

11. If your expiring policy does not include Equestrian Professional Liability Coverage, do you desire that coverage?  Yes  No

12. If your expiring policy does not include coverage for Motorized Golf Carts used for "Equine Activities, do you desire that coverage?  Yes  No. Number of Golf Carts? \_\_\_\_\_

**FRAUD NOTICES AND APPLICANT'S SIGNATURE**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 subject the person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS:** 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 AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

Date	Signature of Applicant
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