



**Blue Bridle™**

**BLUE BRIDLE INSURANCE AGENCY, INC**  
 P. O. BOX 27, PITTSTOWN, NJ 08867

(800) 526-1711 (908) 735-6362  
 Fax: (908) 735-2254

**PRIVATE HORSE OWNERS LIABILITY**  
 (LIMITED COVERAGE)

**THIS APPLICATION IS FOR  
 PRIVATE HORSE OWNERS ONLY**

If you are personally involved in any commercial equine operations (i.e., boarding, breeding of horses, training of horses or riders) or if you own more than 10 horses, please complete the Commercial Equine Liability Application.

**COVERAGE IS RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE HORSE(S).  
 NO PREMISES COVERAGE IS AFFORDED.**

NAME OF OWNER		NEW BUSINESS DESIRED EFFECTIVE DATE ____/____/____	
MAILING ADDRESS/CITY/STATE/ZIP CODE		RENEWAL BUSINESS POLICY # _____ EXPIRATION DATE ____/____/____	
TELEPHONE NUMBER ( )	FAX NUMBER ( )	E-MAIL ADDRESS	WEB SITE ADDRESS
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) ____			
IF NAMED INSURED IS A PARTNERSHIP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS			
LIMITS OF LIABILITY (CHECK ONE) <input type="checkbox"/> \$500,000 CSL/Occurrence <input type="checkbox"/> \$1,000,000 CSL/Occurrence <input type="checkbox"/> \$1,000,000 General Aggregate <input type="checkbox"/> \$2,000,000 General Aggregate			

- Are your horses stabled on premises owned or leased by you?  YES  NO If "Yes", complete the Private Horse Owners Supplement. (Stall rental at racetrack or boarding stable does not constitute leased premises.)
- Do you board, breed, train horses or riders for monetary or other compensation or operate any commercial equine activities?  YES  NO If "Yes", submit a Commercial Equine Liability Application for a Quote.
- Do you personally train your own horses for racing?  YES  NO  
 If "Yes", complete the Commercial Equine Liability Application for a Quote.

**SCHEDULE OF ALL OWNED HORSES**

NAME OF HORSE	BREED	AGE / *SEX / USE	% OF OWNERSHIP

IF HORSE IS UNNAMED, PROVIDE YEAR OF BIRTH, SIRE, AND DAM. \*Sex: M-Mare, F-Filly, S-Stallion, C-Colt

4. Are any of your horses used for instruction to others?  YES  NO If "yes", explain.

Note: Coverage subject to approval. Proof of insurance required.

5. Are any of your horses half-leased to others?  YES  NO If "yes", attach a copy of your lease agreement.

Note: If your horse is fully leased to another person/entity, you are not eligible for this coverage.

6. Do any of your horses show evidence of aggressive behavior or vices?  YES  NO If "yes", describe.

7. Name of present or previous insurance company (if no previous company, state "none").

8. Have you had any claims in the past five (5) years?  YES  NO If "yes", provide an explanation to include date(s), cause of loss and payments made.

(Attach separate sheet if more space is needed.)

9. Have you been canceled or denied coverage in the last three (3) years?  YES  NO  
If yes, please explain.

**STANDARD FRAUD WARNING:** 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- 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.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA:** 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.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

OWNER'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
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**INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE.**

**PLEASE NOTE**

The Private Horse Owner policy is designed to cover the owner of horses who is not personally involved in any commercial equine business (such as training, racing, breeding, boarding of horses, or riding instruction) for monetary or other compensation. The policy limits coverage to bodily injury and property damage caused directly by a horse which is owned by the insured and scheduled on the policy.

Designed.jb.11.2011