



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

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 Fax: (908) 735-2254

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

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

**COVERAGE IS RESTRICTED TO 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 #	
		RENEWAL DATE	
TELEPHONE 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, LLC, CORP OR ORGANIZATION, PROVIDE NAMES OF PARTNERS OR OFFICERS			
APPLICANT IS 18 YEARS OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIMITS OF LIABILITY (CHECK ONE): <input type="checkbox"/> \$500,000 CSL/Occurrence / \$1,000,000 General Aggregate <input type="checkbox"/> \$1,000,000 CSL/Occurrence / \$2,000,000 General Aggregate			

1. Are your horses kept on your own property?  YES  NO
2. Do you board, breed, train horses or riders for monetary or other compensation or operate any commercial equine activities?  
 YES  NO If "Yes", you will need a Commercial Liability policy.
3. Do you use any of your horses for instructions to others?  YES  NO If "Yes", you will need a Commercial Liability policy.

**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 half-leased to others?  YES  NO If "yes", attach a copy of your lease agreement.  
 Note: If any of your horses are fully leased to another person/entity, you will need a Commercial Liability policy

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

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

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7. 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.)

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

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**FRAUD WARNING:**  
**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.  
**In CO:** 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.  
**In FL and OK:** 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)\*. \*Applies in FL Only.  
**In KS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.  
**In KY, NY, OH and PA:** 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.  
**In ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.  
**In NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.  
**In OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.  
**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**\*\*\*Disclaimer\*\*\***  
Please be advised that this application represents liability coverage only and does not include any property such as tack, equipment and/or hay.  
Please call our office to discuss.

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 is for bodily injury and property damage caused directly by a horse which is owned by the insured and scheduled on the policy.