



1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, Indiana 46801  
(800) 440-5580 Fax (260) 459-5810  
www.kandkinsurance.com  
CA #0334819

# HORSE LEGAL LIABILITY APPLICATION

Name of Insured: \_\_\_\_\_

Address of Property: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Fire protection in the barn/backstretch area consists of:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Central Station Alarm        | <input type="checkbox"/> Hydrants on Backstretch   |
| <input type="checkbox"/> Sprinklers         | <input type="checkbox"/> 24-Hour Backstretch Security | <input type="checkbox"/> Hydrants Near Backstretch |
| <input type="checkbox"/> Gong Alarm         | <input type="checkbox"/> Video Surveillance           |  |

2. How many stalls in the barn/backstretch area? \_\_\_\_\_

Number of barns: \_\_\_\_\_ Average number of horses: \_\_\_\_\_ Average value of horse: \_\_\_\_\_

3. Please indicate the percentage of barns that are of the following construction:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| _____ % Frame                   | _____ % Joisted Masonry         |
| _____ % Non-Combustible         | _____ % Masonry Non-Combustible |
| _____ % Modified Fire-Resistive | _____ % Fire Resistive          |

4. When was the most recent inspection conducted of the tracks base? \_\_\_\_\_

If problems were discovered, what were they? \_\_\_\_\_

What corrective actions were taken? \_\_\_\_\_

5. Is the track cushion groomed after each race and/or training session?  Yes  No

If no, explain: \_\_\_\_\_

6. Do you transport horses at any time?  Yes  No

If yes, do you contract with a transportation service?  Yes  No

If no, explain: \_\_\_\_\_

7. Has the track been found liable for injury to, or the death of, any horse(s) in the past five years?  Yes  No

If yes, describe the situation: \_\_\_\_\_

**\* Attach a copy of the most current stall agreement.**

8. Please indicate the coverage limits you are requesting:

- \$ 10,000 per horse      \$ 100,000 per occurrence/aggregate
- \$ 25,000 per horse      \$ 100,000 per occurrence/aggregate
- \$ 25,000 per horse      \$ 250,000 per occurrence/aggregate
- \$ 50,000 per horse      \$ 250,000 per occurrence/aggregate
- \$ 50,000 per horse      \$ 500,000 per occurrence/aggregate
- \$100,000 per horse      \$ 500,000 per occurrence/aggregate
- \$75,000 per horse      \$ 750,000 per occurrence/aggregate
- \$150,000 per horse      \$ 750,000 per occurrence/aggregate
- \$100,000 per horse      \$1,000,000 per occurrence/aggregate
- \$250,000 per horse      \$1,000,000 per occurrence/aggregate

Note: The amount of indemnity for any horse shall be determined by the most recent verifiable purchase price of that animal.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)