

StarNet Insurance Company

A W. R. Berkley Corporation Member Company

Underwriting Office: Berkley Underwriting Partners, LLC 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 866-298-5525

EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY APPLICATION

THIS IS NOT A BINDER. COVERAGE WILL NOT BE CONSIDERED UNLESS THIS FORM IS FULLY COMPLETED, SIGNED AND DATED BY THE APPLICANT [SIGN AND DATE ON PAGE TWO]. COVERAGE IS BOUND ONLY WHEN YOUR CHECK FOR THE FULL AMOUNT IS RECEIVED BY OUR AGENT.

Application for Insurance (Please print):					
Your Name:					
Business Name (if applicable):					
Mailing Address:					
Telephone Number:				Facsimile Number:	
Cell Phone Number:				E-Mail:	
Your principal activities:		<input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Other – Describe:			
Number of Horses Owned/Trained:					
Principal use of horse(s)					
Describe fully any liability incidents in the last five (5) years (Date of loss, description, loss amount):					
Rating at Limits of Insurance of \$1,000,000 / \$2,000,000 with Federal Terrorism Risk Insurance:					
Rates per Horse for Coverage Bound between 1 Nov and 30 Apr:			Rates per Horse for Coverage Bound after 1 May:		
Horses Declared:	Premium Per Horse:		Horses Declared:	Premium Per Horse:	
1 Horse	\$	90.00	1 Horse	\$	50.00
2 Horses	\$	180.00	2 Horses	\$	100.00
Each Additional Horse	\$	90.00	Each Additional Horse	\$	50.00
Minimum premium is \$180.00			Minimum premium is \$100.00		
Premium Computation:					
	\$		\$		
Number of Horses		Rate per horse from Schedule above			Total Premium

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied).

APPLICATION MUST BE SIGNED AND DATED ON PAGE TWO (2)

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IN 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. IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 in HBPA, Inc.

Signature of Applicant	Printed Name of Applicant	Date	Relationship of Applicant to the Named Insured if not the Named Insured

YOU MUST SIGN AND DATE THIS APPLICATION HERE.

POLICYHOLDER DISCLOSURE – NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act, effective on December 26, 2007 (the "Act"), you have a right to **reject** insurance coverage for losses resulting from acts of terrorism. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence 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 an air carrier or vessel or the premises of a United States mission 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 coverage may be affected as follows:

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, AS DEFINED UNDER THE ACT; SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE ACT. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT PAYS EIGHTY-FIVE (85) PERCENT OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

THE NATIONAL HORSEMAN'S BENEVOLENT AND PROTECTIVE ASSOCIATION, INC. HAS DECIDED TO ACCEPT THIS COVERAGE UNDER FEDERAL LAW, YOU AS A MEMBER ADDITIONAL INSURED OF THE NATIONAL HORSEMAN'S AND PROTECTIVE ASSOCIATION, INC., MAY REJECT THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT. IF YOU REJECT COVERAGE, YOU WILL NOT BE COVERED FOR LOSSES RESULTING FROM ACTS OF TERRORISM, AS DEFINED IN THE ACT. IF YOU WISH TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW AND SIGN AND DATE THIS FORM.

	I hereby decline coverage for terrorism, I understand that I will have no coverage for losses resulting from 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.

Policyholder/Applicant's Signature _____ Date _____ Print Name and Title/Relationship to Applicant _____
ONLY SIGN HERE IF YOU WANT TO DECLINE TERRORISM COVERAGE.

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Send application with full premium payment to:

Lavin Insurance Group, LLC
Attention: Kevin S. Lavin
P. O. Box 1001
Pewee Valley, KY 40056
Telephone: 800-446-3112 or 502-228-1600
www.lavininsurance.com

Please make your check payable to: Stone Lane, LLC

SUMMARY OF INSURANCE:

NO COVERAGE IS PROVIDED BY THE FOLLOWING SUMMARY NOR CAN THE SUMMARY BE CONSTRUED TO REPLACE ANY PROVISIONS OF POLICY OR ENDORSEMENTS. SHOULD THERE BE ANY DIFFERENCE BETWEEN THIS COVERAGE SUMMARY AND THE POLICY OR MEMBER ADDITIONAL INSURED ENDORSEMENT THE POLICY OR MEMBER ADDITIONAL INSURED ENDORSEMENT WILL PREVAIL.

What is the Equine Owners and Trainers Liability Insurance Program? – This is a policy program for members of the National Horsemen's Benevolent and Protective Association designed to protect you from bodily injury or property damage liability claims or suits arising out of your horse activities (including breeding, racing, sales, and training). This insurance has been designed for the equine exposures you as a member of The National Horseman's Benevolent and Protective Association may have.

What is Insured? – Subject to the exclusions and conditions of the policy; coverage for liability from bodily injury to participants (other than your employees) is covered. This insurance is not a substitute for workers' or workmen's compensation coverage and is not health or accident insurance for participants. The policy is designed to respond to allegations that you are responsible for injury or damage arising out of horse activities.

What Else is Insured?

- Liability you are required to assume under a written contract or agreement to indemnify or hold another harmless for horse activities.
- Personal and advertising injury related to your horse activities.
- This coverage is not a substitute for a farm liability and/or property policy. If you already have a farm liability policy with an equine activities endorsement, this insurance is limited to bodily injury to participants and applies as excess insurance to any other coverage afforded under the farm form.

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.