

# Race Horse Owner's Personal Liability

## MCNAMARA COMPANY

1330 Hwy 96 ~ St. Paul, MN 55110  
 Phone 651-426-0607 Fax 651-426-5790

Producer: **DEBBIE TREADWELL** Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Desired Effective Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of Ownership:       Individual                       Partnership                       Corporation

CHECK ONLY ONE	LIMITS OF INSURANCE		NUMBER OF HORSES OWNED	MINIMUM ANNUAL POLICY PREMIUM (FULLY EARNED)
	OCCURRENCE	AGGREGATE		
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	1 to 5	\$ 275
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	1 to 5	\$ 375
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000	6 to 10	\$ 475
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	6 to 10	\$ 675

Do you own over 10 horses in total? Yes  No

If yes, indicate the total number of horses you own: \_\_\_\_\_ *Submit this application for a quote.*

Past and/or present Insurance Company: \_\_\_\_\_ Annual premium: \_\_\_\_\_

Have you had any liability claims or reported incidents in the past three years? Yes  No

Explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid. Attach a separate sheet if necessary.

Have you had coverage cancelled or refused in the past three years? Yes  No

If yes, explain.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued.

(MUST BE SIGNED & DATED)

OWNER'S SIGNATURE: \_\_\_\_\_

PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_