

Equine Personal Liability – Change Request

Exclusively Underwritten By
AMERICAN EQUINE
INSURANCE GROUP



Producer: Equine Ins. Ctr. Number: 162
 Policy #: _____
 Expiration Date: _____

Applicant: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____

Request to add horse(s)

Requested effective date of additional horse(s): _____

Name of Horse	Breed	Sex*	Use**	Age	Color	Height	Markings/Tattoos
* G-Gelding, M-Mare, S-Stallion ** Please be specific. For horses used for driving/pulling/work, you must complete the Driving Horse Personal Liability Supplemental Application for coverage consideration. An additional premium will apply for eligible horses.							
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

Are all horses owned by the applicant? Yes No
 If no, please provide the following.

Name of Horse	Name of Owner	Address of Owner	Is there a written lease agreement (Yes / No)	Does the owner need to be named on an Owner Endorsement (Yes / No)

Additional Insureds

List any requested Additional Insureds and their connection to your horse(s) for coverage consideration below. Additional premium will apply. (Do not list owners of horses you lease.)

Name:	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____

Request to delete horse(s)

Name of horse: _____ Deletion date: _____ Reason for deletion: _____
 Name of horse: _____ Deletion date: _____ Reason for deletion: _____

Applicant's Signature: _____
 Print Name: _____ Date: _____