

# Driving Horse Personal Liability Supplemental Application

# Argonaut Insurance Company

Applicant: \_\_\_\_\_ Broker: \_\_\_\_\_ Number: \_\_\_\_\_  
 Quote #: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

**Only driving horses used for personal use (pleasure, show, competition) are eligible for coverage consideration.  
 Horses driven for rides to the general public or rented/hired out are not eligible for coverage consideration.  
 Horses used for any pulling contests or any other strength contests are not eligible for coverage consideration.  
 Horses driven primarily on public roads are not eligible for coverage consideration.**

Name(s) of horses used for driving: \_\_\_\_\_

Do you give vehicle rides to the public? Yes  No   
 Do you ever rent/hire out your vehicle(s) to anyone? Yes  No   
 Are your horses ever used in any kind of pulling contests or any other strength contests? Yes  No   
**If you answered "Yes" to any of the above questions, ask your broker for more information about coverage options.**

Years experience driving Horse Drawn Vehicles: \_\_\_\_\_

Description of location(s) used for driving: \_\_\_\_\_

Description of any shows or competitions you attend: \_\_\_\_\_

Do you ever drive on, or cross over, public roads? Yes  No   
 Do you ever drive on City and/or Metropolitan Roads? Yes  No   
 If yes, please provide details: \_\_\_\_\_

Do you ever drive in parades? Yes  No

Number of parades driven in annually: \_\_\_\_\_ Please provide parade names, dates, locations, and describe parade size: \_\_\_\_\_

Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc.: \_\_\_\_\_

Describe any promotional or advertising material you display on your vehicles in parades: \_\_\_\_\_

Are your vehicles used at night? Yes  No

Please indicate if your Horse Drawn Vehicles have the following equipment:  
 Hydraulic Brakes     Lights     Reflectors     Slow Moving Emblems     Ladder     Mobile stairs  
 Other: \_\_\_\_\_

Do you ever take passengers on your vehicles? Yes  No

Please describe any passengers that you might permit on your vehicles and their relationship to you: \_\_\_\_\_

Do you require Safety Helmets be worn? Yes  No

Other safety procedures (explain): \_\_\_\_\_

**Please provide a description of the vehicle(s) used for driving.**

Description of Vehicle	Maximum Number of Horses Per Vehicle	Maximum Number of Passengers Per Vehicle	Is vehicle subject to license or registration? If yes, describe.
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>

**THIS POLICY COVERS PERSONAL USE ONLY. NO COVERAGE WILL BE PROVIDED FOR ANY COMMERCIAL OPERATIONS OR USES.**

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**GENERAL FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado**- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**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.

**Kansas** - 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance 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 commits a fraudulent insurance act.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine** - 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 or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**New Jersey, New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** - 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.

**Pennsylvania** - 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.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**DECLARATION**

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

*I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.*

**This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.**

**New York** - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required in NH)

License Number: \_\_\_\_\_