

N.H.B.P.A. Owners & Trainers Liability Program  
c/o Stone Lane, LLC (Kevin S. Lavin)  
P.O. Box 1001 Pewee Valley, Kentucky 40056  
Phone: 800-446-3112

**EQUINE ASSOCIATION OWNERS AND TRAINERS LIABILITY POLICY RENEWAL  
APPLICATION**

**StarNet Insurance Company**

A Berkley Company, Home Office: 475 Steamboat Road, Greenwich, CT 06830  
Underwriting Office: Berkley Underwriting Partners, LLC, 3655 North Pt. Pky., Suite 430 Alpharetta, GA 30005 866-298-5525

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

Name Insured/Stable Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

**Premium Calculation**

> Number of Horses \_\_\_\_\_ x \$90 per horse = \$ \_\_\_\_\_  
(It is necessary to include ALL owned/trained horses) \$180.00 minimum  
(1 - 2 Horses)

**Principal Activities**

Owner     Trainer

**Principal Use**

Racing     Breeding     Other - Describe \_\_\_\_\_

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**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.

**APPLICATION MUST BE SIGNED ON PAGE 2**

**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).

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

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](http://www.lavininsurance.com)

*Please make your check payable to: Stone Lane LLC*

**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.

<input type="checkbox"/>	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