

EQUINE MOTOR TRUCK CARGO LEGAL LIABILITY

Horse Insurance Specialists, Inc.
 1013 S. Hwy 377, Pilot Point, TX 76258
 (800) 346-3271 FAX (940) 686-5375
www.horse-insurance.com
 email: hisinc@horse-insurance.com

Quote
 Renewal Policy # _____
 Desired Effective Date: _____

Named Insured: _____ **DBA:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email Address: _____ Would you like your policy emailed? Yes No

Have you had any claims or losses in the last 3 years? Yes No If yes, please explain: _____

Applicant is: Individual Joint Venture Organization Corporation Partnership

Limits: \$25,000 Per Vehicle/Per Occurrence \$50,000 Per Vehicle/Per Occurrence
\$25,000 Limit Per Horse

Deductible: \$1,000 Per Occurrence (Please note this coverage is for the animals in your care, not damage to your auto.)

Years in Business: _____ Years Experience: _____

Gross Receipts (last 12 months): \$ _____ Average distance of operation: _____

Territory of operation: _____

Vehicle	Model Year	Vehicle Type	V.I.N. #	New/Used
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drivers(s) Name	Date of birth	License #
_____	_____	_____
_____	_____	_____
_____	_____	_____

ICC/DOT Filings Required: Yes No **Docket No.:** _____

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files and 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.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____