

# DIETRICH

EQUINE INSURANCE SERVICES  
 ACCEPTABLE P.O. Box 1001 • Pewee Valley, KY 40056  
 800-942-4258 Fax: 502-638-5066  
 www.dietrich-insurance.com

## APPLICATION FOR EQUIPMENT FLOATER (TACK) IMPORTANT: INCOMPLETE APPLICATIONS ARE NOT

APPLICANT NAME		AGENT SIGNATURE <b>X</b>			
ADDRESS		SOCIAL SECURITY NUMBER	POLICY PERIOD From _____		PAYMENT METHOD  <input type="checkbox"/> Full Payment  <input type="checkbox"/> 4-Pay – Only premium \$150 & over.
CITY	OCCUPATION			To _____	
STATE	ZIP CODE	TELEPHONE NUMBER			12:01 a.m. Std. Time

**\*This is an Actual Cash Value policy. Amount of Insurance cannot exceed the original purchase price.  
 Provide itemized list of all equipment to be insured. Attach separate or additional list if needed.**

Description of Equipment	Make/Year	Cost	Purchase Date	Insurance Amount*	Rate (Co. Use Only)
(A)		\$		\$	
(B)		\$		\$	
(C)		\$		\$	
(D)		\$		\$	
(E)		\$		\$	
(F)		\$		\$	

- Where is equipment stored when not in use? Is this area locked or unlocked?  
\_\_\_\_\_
- Describe any losses or potential claims in the past three years, even if a claim was not presented:  
\_\_\_\_\_  
\_\_\_\_\_
- Is equipment now insured?  Yes  No  
 Previously insured?  Yes  No  
 If yes to either, what company? \_\_\_\_\_
- Are you the sole owner of the equipment?  Yes  No  
 If no, list additional owners, addresses, and percentage of ownership:  
\_\_\_\_\_

- Has any company canceled or refused to renew your coverage?  
 Yes  No  
 If yes, give date and reason: \_\_\_\_\_

I understand that the insurance being applied for, if accepted by the company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issue may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.

APPLICANT'S SIGNATURE <b>X</b>	DATE
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