

Equine Event Liability Application

Exclusively Underwritten By



Broker: _____ Broker Number: _____
 Broker License Number: _____
 Policy and/or Renewal #: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____ Contact Person: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of event if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease the facilities utilized by the applicant.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Limits of Liability

Each Occurrence Limit (Select one)	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit	\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000
Triple Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A
<small>(Note: Only available with \$1,000,000 Occurrence Limit)</small>			
		\$2,000,000	\$3,000,000

Optional Coverages – Subject to eligibility and underwriting approval.

Products and Completed Operations desired Yes No

Personal and Advertising Injury desired Yes No

Additional Insureds

List Additional Insureds and describe their connection to your event: for example, land owners and/or owners of facilities leased. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

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

Are dogs permitted at your events?

Yes No

If yes, please explain your policy regarding dogs: _____

Is alcohol permitted at your events?

Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished at your events?

Yes No

If yes, describe: _____

Note: *The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.*

Summary of Equine Activities

Indicate below all Event/Show Days. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline all show/event activities for coverage consideration. Attach extra pages as necessary.

Standard rating includes one day of setup and one day for takedown per event.

Note: *If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for event dates that have not been declared to the Company in advance of the event. Remember, any events or activities not described / disclosed are not covered.*

Event/Show date(s): _____

Description of event: _____

Sanctioning Organization(s): _____

Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____

Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____

Maximum number of spectators: _____

Event/Show date(s): _____

Description of event: _____

Sanctioning Organization(s): _____

Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____

Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____

Maximum number of spectators: _____

Event/Show date(s): _____

Description of event: _____

Sanctioning Organization(s): _____

Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____

Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____

Maximum number of spectators: _____

Event/Show date(s): _____

Description of event: _____

Sanctioning Organization(s): _____

Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____

Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____

Maximum number of spectators: _____

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.

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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - An act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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):

Your intentional failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being subject to cancellation. If any of the material information in this application has been intentionally falsely stated by you or if material information has intentionally not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be subject to cancellation. The fraud or misrepresentation must be made with the intent to deceive.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/we further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

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.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: _____ Date: _____

Broker Signature: _____ Date: _____
(required in NH)

States: