

## HORSE SHOW - EQUINE SPECIAL EVENT APPLICATION

### GENERAL INFORMATION

Policy #					
Desired Coverage:		<input type="checkbox"/> CGL Farm Liability		<input type="checkbox"/> Equine Liability Only	
Effective Date:			Expiration Date:		
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rewrite	<input type="checkbox"/> Account Bill	<input type="checkbox"/> Direct Bill	Pay Plan

### AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

### APPLICANT INFORMATION

Horseshow Organization:			
Name of Show:			
Show Manager or Contact Person:			
Address:			
City:	State:	Zip:	Website:
Phone Number:		Email:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Other, Describe:			

### PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

#### LOSS HISTORY

No Losses (in last 3 years)       Loss Runs Attached       Apply Loss Free Credit

### UNDERWRITING QUESTIONS

1. Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

4. Are all fences/gates in good conditions where the event is taking place? How often are they checked and by whom? Any wire fencing used on the premises? What type (example: high-tensile smooth or barbed wire, no climb or woven wire)? If barbed wire is used, please describe where it is used. Are all pastures totally fenced? Describe type of fencing: Height of fencing: Who is responsible for fence repair? Is the warm up area fenced? Security on site? Ambulance or EMT? Has any animal ever escaped? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the insured have dogs? Number: Breed: Do you have dogs on the premises? Number: Breed: Do you allow your clients to bring their dogs? If yes, on leashes: <input type="checkbox"/> YES <input type="checkbox"/> NO Dog bitten or caused injury to anyone? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Any recreational vehicles, such as ATVs or golf carts on the premises? If yes, number and type: Who is allowed to use? Used off premises at shows or events? Leased or rented from show or event? Any youthful driver?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is there 24-hour supervision of the facility? If yes, please describe:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Riding facilities: <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails			
9. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Do you have Workers' Compensation Insurance? Note: Workers' Compensation and Employer's Liability is not covered under this policy.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Is alcohol consumption allowed on the premises? If yes, please explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Do you require all individual under the age of 18 to wear approved safety helmet at all times while riding on your premises? If no, please explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Do you sell any tack or clothing? If yes, what are the annual receipts?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Do you repair any tack or riding equipment? If yes, please explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Do you provide any type of farrier services? If yes, please explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Do you provide, prepare any type of feed for sale to the general public? If yes, please explain:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. How do you dispose of the animal waste?			
18. What is the minimum age of participant?			
19. Are all of the followed posted clearly?			
Emergency Phone Numbers:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Safety and Barn Rules:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
No Smoking Signs:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
State Equine Liability Warning:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

## CERTIFICATES OF INSURANCE REQUESTED

Certificate Holder Only

Additional Insured, Subject to Company Approval

<input type="checkbox"/> Owner of Premises:	
Name:	Location #:
Mailing Address / City / State Zip:	
<input type="checkbox"/> Certificate Holder Only	<input type="checkbox"/> Additional Insured, Subject to Company Approval
<input type="checkbox"/> Other (Explain insurable interest, if any):	
Name:	
Mailing Address / City / State Zip:	

## SHOW / EVENT INFORMATION

Estimated Entries:	Estimated Spectators per Day:	Estimated Gross Gate Receipts (for shows running more than four days):	
Seating: <input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers	Arena Type: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Seating Capacity:	
Is your show recognized by any national association? <input type="checkbox"/> Yes <input type="checkbox"/> No Competition #			
Do you obtain a signed release from all entrants? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Release to this application.			
NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No INITIAL HERE: IF "YES," PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.			
Show Dates:	Move In Date:	Move Out Date:	
Show Dates:	Move In Date:	Move Out Date:	
Show Dates:	Move In Date:	Move Out Date:	

## SHOW / EVENT LOCATION

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# of Acres	Owned	Leased	Other	# of Years at this location
1						
2						
3						
4						
5						

## LIABILITY SECTION

CGL Farm Liability

<b>REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)</b>			
<input type="checkbox"/> \$300,000 OCC / \$600,000 AGG	<input type="checkbox"/> \$500,000 OCC / \$1,000,000 AGG	<input type="checkbox"/> \$1,000,000 OCC / \$2,000,000 AGG	<input type="checkbox"/> OTHER /
\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS AND TRIPLE AGGREGATE.			

### CGL FARM LIABILITY ONLY

Deductible Type <input type="checkbox"/> N/A <input type="checkbox"/> PD Deductible Basis - <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 Per Occurrence
<input type="checkbox"/> Damage to Premises Rented to You (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000
Personal and Advertising Injury - <input type="checkbox"/> Include <input type="checkbox"/> Exclude

**EXCLUSION: CG 21 01 - Athletic or Sports Participation will be attached to your policy - See form for specific exclusion**

**FRAUD WARNING:**

**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**In CO:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**In FL and OK:** 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)\*. \*Applies in FL Only.

**In KS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, 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.

**In KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**In ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**In NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**In OR:** 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.

**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**I hereby certify that I am an authorized representative of the applicant and 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.**

**If there are any material changes in your stable operations during the policy year, please notify your agent at once.**

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

INSURED'S SIGNATURE x	DATE / /	AGENT'S SIGNATURE x	DATE / /
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**IMPORTANT - ORIGINAL MUST BE RETURNED  
INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**

**Amrisk Insurance & Financial Services**

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