EQUINE SHORT TERM EVENT(S) APPLICATION

EMAIL SUBMISSIONS TO: Underwriting@AmRiskusa.com

Proposed Eff Date		Equine Operations Primary State	

OPERATIONS

Type of Operations:	

Describe ALL Equine/Farm Operations owned or operated by the insured or on the insured's premises, including operations owned or operated by others on the insured's premises or on their behalf.

APPLICANT(S)

Insured Name(s):												
Entity Type:	Indiv		Trust		Partn		Corp		LLC		Other	
Please describe Other:												
Phone #:					Email:							
Mailing Address:												
Operation Address: (if different from Mailing)												
Operation Location - Please Select		OWNED					LEASED					
Does the Insured have a current Accelerant Mortality Policy? If Yes, provide the Mortality Policy Number:												

EXPERIENCE

3+ Years of Equine Ops/Experience? Y or N:		If Training or Riding Instruction, Requires 5+ Years Experience? Y or N:	

Note: Risks without prior insurance experience will require explanation as to their Equine Experience pertaining to the type of operation referenced in the application and their personal loss experience.

Loss History:	Any losses in the Past 3 years? If Yes, how many?		Any Liability Losses in the past 5 years?	
	More than $10,000 paid in total?		Single loss greater than $10,000?	
Does the Insured have a current Accelerant Mortality Policy? If Yes, provide the Mortality Policy Number:				

LIABILITY COVERAGE

LIABILITY - FARMOWNERS
Personal or Commercial

COVERAGES	LIMIT
(L) Liability Limit (Per Occurrence) Select $500,000 or $1,000,000	$1,000,000
(M) Medical Payments to Others (Per Person) Select $1,000; $5,000; or $10,000	$5,000
(N) Farm Chemical Limited Liability - $25,000 (Incl) or $100,000	
(O) Fire Legal Liability (where applicable) $50,000 (Incl) or $100,000	$100,000

FARM SHORT TERM EVENT(S) - APPLICATION

NAMED INSURED:

EXPOSURE(S) Any field left blank will indicate "No Exposure"			
EQUINE - EXPOSURES	OPERATION / EXPOSURE:	EXPOSURE INFORMATION (Required for Underwriting Review and Rating Information)	
	EVENT/SHOW DATES		
	LOCATION OF EVENT		
	DESCRIPTION OF EVENT		
	SANCTIONING ORGANIZATION(S)		
	RECEIPTS		
	HORSE SHOWS / EVENTS / CLINICS	# SHOWS / EVENTS / CLINICS	
		# STUDENT / PARTICIPANTS	
		SPECTATORYS? (Y or N)	
		IF Y, PROVIDE THE AVERAGE # OF SPECTATORS	
		FOOD AND / OR ALCOHOL ALLOWED (Y or N)	
	EVENT/SHOW DATES		
	LOCATION OF EVENT		
	DESCRIPTION OF EVENT		
	SANCTIONING ORGANIZATION(S)		
	RECEIPTS		
	HORSE SHOWS / EVENTS / CLINICS	# SHOWS / EVENTS / CLINICS	
		# STUDENT / PARTICIPANTS	
		SPECTATORYS? (Y or N)	
		IF Y, PROVIDE THE AVERAGE # OF SPECTATORS	
		FOOD AND / OR ALCOHOL ALLOWED (Y or N)	
	EVENT/SHOW DATES		
	LOCATION OF EVENT		
	DESCRIPTION OF EVENT		
	SANCTIONING ORGANIZATION(S)		
	RECEIPTS		
	HORSE SHOWS / EVENTS / CLINICS	# SHOWS / EVENTS / CLINICS	
		# STUDENT / PARTICIPANTS	
		SPECTATORYS? (Y or N)	
		IF Y, PROVIDE THE AVERAGE # OF SPECTATORS	
		FOOD AND / OR ALCOHOL ALLOWED (Y or N)	

FARM SHORT TERM EVENT(S) - APPLICATION

NAMED INSURED:

ADDITIONAL INTEREST(S)

FINANCIAL INTEREST INFORMATION
Type = Additional Insureds (AI) or Loss Payees (LP)

ITEM #	TYPE	NAME / ADDRESS
ITEM #	TYPE	NAME / ADDRESS
ITEM #	TYPE	NAME / ADDRESS

EXPOSURES - OPERATIONS - SIGNS

REFERRAL / INELIGIBLE EXPOSURE(S)

Please answer all of the following questions. If any of the following are answered "Y" by the Named Insured(s); we may decline or require additional underwriting information. Please contact your underwriter to review.

	Y / N or NA
Any known animal related claims involving escape of animals and/or dog bites?	
Any Operations / Exposures not described on previous section? Please describe below	
Is the insured required to carry Workers Compensation Insurance? Please be advised, No Coverage will be offered under this policy.	
Any Hunting or Rough Stock Events On Premises?	
Any use of animals for Physical/Behavorial Therpay or Handicapped Instruction?	

PREMISE(S) / OPERATIONS

Insured must be able to anser "Y" to all of the following. Please describe any "N" responses on page 4.	Y/N or NA
Confirm alcohol is not permitted on the farm premises - in and around the Equine stables, paddocks, or while riding.	
Gates and Fencing: Must be in good repair and checked on a regular basis. Wire fencing must be "Horse Safe" and must not be barbed.	
Horse-proof latches must secure each stall.	
Fire Extinguishers accessible and maintained in each stable.	

SIGNS / SIGNAGE

SIGNS / SIGNAGE must be posted where it can be easily seen/read: Insured must be able to answer "Y" to all of the following. Please describe any "N" responses on page 4.	Y / N or NA
State specific Equine Liability Warning Signs posted per the State guidelines.	

FARM SHORT TERM EVENT(S) - APPLICATION

NAMED INSURED:

CONTRACTS

CONTRACT(S) - BOARDING / BREEDING / RIDING / TRAINING

Insured must be able to answer "Y" to all of the following. Please describe any "N" responses on page 4.
Insured must obtain and maintain standard written signed contracts -
1) Contracts must include the following, and **2)** Copy of contract(s) will be required at time of binding coverage.

	Y / N or NA
Participants in Shows/Events/Clinics/Camps must sign Hold Harmless Agreement	

ADDITIONAL INFORMATION / REMARKS:

FARM SHORT TERM EVENT(S) - APPLICATION

NAMED INSURED:

DECLARATIONS AND FRAUD WARNING STATEMENT

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT:

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 and subjects that person to criminal and/or civil penalties.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of 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 and WEST VIRGINIA: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any Person who knowlingly and with intent to inure, 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.

KANSAS: 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 implulse, 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 commercial or personal 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 commits a fraudulent insurance act.

KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defruad 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.

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 a denial of insurance benefits.

MARYLAND: Any person who knowlingly or willingly 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.

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

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.

FARM SHORT TERM EVENT(S) - APPLICATION

NAMED INSURED:

DECLARATIONS AND FRAUD WARNING STATEMENT - continued

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT:
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 and subjects that person to criminal and/or civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud againsta an insurer, submits an application of riles 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.

TENNESSEE, VIRGINIA and 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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK: 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 shall be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

The undersigned declares that he/she/them has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.

Signature of Applicant(s)

Date

Agent Signature

Date

American Specialty Insurance

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