

HORSE SHOW / EVENT APPLICATION

GENERAL INFORMATION

Policy #							
Desired Coverage:		☐ CGL Farm Lia	hility	☐ Fauine	Liability Only		
Effective Date:			Expiration Date		Liability only		
☐ New Business	□ Renewal	☐ Rewrite	☐ Account Bill	□ Direct Bill	Pay Plan		
GENCY INFORM	ATION						
	ATION			T			
Agency Name:				Agency			
Sub-Producer Name:				Sub-Pro	oducer Code:		
PPLICANT INFOR	RMATION						
Horseshow Organizati	on:						
Name of Show:	<u> </u>						
Show Manager or Cont	tact Person:						
Address:							
City:	State:	Zip:	Website:				
Phone Number:			Email:				
Entity Type: □Corpo	ration 🗆 Individual/	Sole Proprietor □J	loint Venture □LLC	□Partnership	☐Trust or Estat	e □Other,	
Describe:		·					
RIOR CARRIER A	ND LOSS HIST	DDV (DDEVIOL	IC 2 VEADC				
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Compan	v	Type of Policy	Effective Date	Fynir	ation Date	Annual Pre	mium
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LOSS HISTORY	2	D A44	□ Analystess Fore	C 4:4			
\square No Losses (in last	3 years) \Box Los	s Runs Attached	☐ Apply Loss Free	credit			
NDERWRITING (DUESTIONS						
1. Is any business of If yes, explain:	her than farming cor	nducted by the insu	red?			□YES	□NO
	ing or horse-related	operations:					
	rent or lease any lan	d, buildings or stab	les to others?			□YES	□NO
If yes, explain: 3. Overall maintenar	nce and condition of	the grounds force	ng and buildings				
	Good Fair Poo		ווצ מווט טעונטוווצג.				

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

Certificate Holder Only	☐ Additional In	sured, Subject	to Company	Approval		
☐ Owner of Premises:						
Name:				Lo	cation #:	
Mailing Address / City /						
Certificate Holder Only	☐ Additional Insure	d, Subject to Co	ompany App	roval		
Other (Explain insurable inter	rest, if any):					
Name:						
Mailing Address / City	/ State Zip:					
DW / EVENT INFORMA	ATION					
	<u> </u>	timated Gross (Gate Receip	ts (for sho	ws running i	more than four
		ys):		(101 0110		
eating:	Arena Type:	9	Seating Capa	acity:		
☐ Grandstands ☐ Bleachers	☐ Indoor ☐ Outdoo	r				
s your show recognized by any i	national association?					
☐ Yes ☐ No Competition #						
o you obtain a signed release f						
	copy of the Release to this appl					
OTE: HAVE YOU HAD ANY CLAI/ F "YES," PROVIDE DETAILS ON A	MS IN THE PAST THREE YEARS?					
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EXCLUSION: CG 21 01 - Athletic or Sports Participation will be attached to your policy - See form for specific exclusion

 \square Damage to Premises Rented to You (\$100,000 included) Increase to: \square \$300,000 \square \$500,000 \square \$750,000 \square \$1,000,000

Personal and Advertising Injury - \Box Include \Box Exclude

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 DATE AGENT'S SIGNATURE DATE x / / / x //

IMPORTANT - ORIGINAL MUST BE RETURNED

INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE