

Horse Show/Event Liability Application

Insured Name and Address _____ _____ _____ Phone # Day: _____ Night: _____ Fax #: _____ E-mail: _____	Policy Number: _____ Agent Name: _____ Agent Billpoint: _____ Agent Phone #: _____ Agent Fax #: _____ Agent E-mail: _____ Payment Plan: _____ Direct Bill _____ Agency Bill Policy Period: From _____ to _____
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Location of Show/Event if different from the Address listed above: (If multiple locations are utilized, please enclose separate sheet):

Does Applicant: Own Lease Rent ; the Premises for the Show/Event
 Applicant is an: Individual Corporation Partnership Association

Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____

Average number of spectators per day: _____ Average number of participants per day: _____
 Sanctioning Organization and type of show/event: _____
 Type of non-sanctioned shows/event: _____
 Total number of show/event days per year: _____ List all show/event days: _____

Do you obtain signed releases from all participants? Yes No (If yes, please supply a copy)
 Do you have an EMT at the show? Yes No
 Note: If dates have not been set, *Prior Written Notice* of the show/event must be received in our office prior to the show/event date.
 Coverage is not provided for dates that have not been declared to the company in advance of the show/event.
 (Two extra days for set-up and one extra day for take down is included for horse shows)

Past and/or present Insurance Company: _____	Coverage Period: _____
HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain all claims and reported incidents for the past 3 years. Give dates, cause of loss and amount paid: _____ _____ _____	
Have you had coverage cancelled or refused in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please explain: _____	

Coverage H: Bodily Injury and Property Damage Liability
Coverage I : Personal Injury & Advertising Injury Liability /Tack Limits:

Occurrence/Aggregate Limit (Check One Limit for Coverage H and I)	Tack Coverage (Check Limit if Desired)	Declination Of Coverage I Check Box If You Wish to Decline all of Coverage I or just Advertising Injury
\$300,000/\$600,000	\$5,000 \$10,000	<input type="checkbox"/> I Decline Personal & Advertising Injury
\$500,000/\$1,000,000		<input type="checkbox"/> I Decline Advertising Injury
\$1,000,000/\$2,000,000		

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Are Available Upon Request. Higher Limit For Tack Coverage is Available. Complete Tack Coverage Supplemental Schedule. No Coverage will be provided for Horse Races. *All Applications Must Be Signed And Dated.*
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FRAUD NOTICES AND APPLICANTS SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
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