



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

Horse Show Application

American Bankers Insurance Co

NAMED INSURED - HORSE SHOW ORGANIZATION		NAME OF SHOW	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
SHOW MANAGER OR CONTACT PERSON		Website	
TELEPHONE NUMBER	FAX NUMBER	Email	
ADDRESS/CITY/STATE/ZIP CODE			
LOCATION OF SHOW GROUNDS			
SHOW DATE(S)		MOVE-IN DATE / /	MOVE-OUT DATE / /
CERTIFICATES OF INSURANCE REQUESTED FOR			
<input type="checkbox"/> Owner of Premises: Name: _____ Address/City/State/Zip Code: _____			
<input type="checkbox"/> Certificate Holder Only <input type="checkbox"/> Additional Insured			
REQUESTED LIMITS OF LIABILITY		\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS	
<input type="checkbox"/> \$500,000 / Occurrence <input type="checkbox"/> \$1,000,000 / Occurrence <input type="checkbox"/> \$1,000,000 Aggregate <input type="checkbox"/> \$2,000,000 Aggregate			
TYPE OF SHOW		ESTIMATED # ENTRIES	ESTIMATED SPECTATORS PER DAY
		GATE RECEIPTS (FOR SHOWS MORE THAN 4 DAYS) \$	
SEATING	ARENA TYPE	SEATING CAPACITY	
<input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
IS YOUR SHOW SANCTIONED BY USEF? <input type="checkbox"/> Yes <input type="checkbox"/> No Competition # _____		IS YOUR SHOW RECOGNIZED BY A NATIONAL ASSOCIATION OTHER THAN AHSA <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.			
IS THE WARM UP AREA FENCED <input type="checkbox"/> Yes <input type="checkbox"/> No	SECURITY ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	AMBULANCE OR EMT <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant had any liability claims or reported incidents in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Attach a separate sheet to explain all claims and reported incidents for the past three-year period. Give dates, cause of loss, and amount paid.</i>			
STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties.			
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. No coverage provided for Race Horses and/or Horses in Race Training. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued. I/We hereby make application to Allen Financial Insurance Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).			
APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
AGENCY NAME		AGENCY CODE	EMAIL ADDRESS
MAILING ADDRESS		TELEPHONE NUMBER ()	FAX NUMBER ()

INSURANCE PLAN FOR HORSE SHOWS

THIS IS A BRIEF DESCRIPTION. PLEASE REFER TO THE ACTUAL POLICY AND ENDORSEMENTS FOR COVERAGE DETAILS.

- NAMED INSURED:** The Horse Show Organization, while acting in the scope of their duties.
- ADDITIONAL INSURED:** The Sponsoring Organization, Individual Committee Members, Officials, Judges, Course Designer, and Premise Owner with respect to their liability arising from the acts they perform at the direction of and within the scope of their duties for the insured.
- PREMIUM:** Premium charge is based on the number of show days, not including the two days which may be required for preparation, "move-in" and dismantling, "move-out" days. If the public is invited onto the premises, additional public event days must be declared.
- Special premium charges may apply. To obtain premium quotation for shows open five days or longer, detailed information is required, including estimated total gate receipts for the show, number of spectators per day and seating capacity.
- POLICY TERM:** The period required for the preparation and the dismantling of the show, usually one day prior and one day after the show, effective 12:01 a.m.
- IMPORTANT:** The insured must require that all independent contractors (including concessionaires on the show grounds) furnish the insured with a Certificate of Insurance as evidence that Worker's Compensation Insurance and Public Liability Insurance is in force during the show.
- PRINCIPAL COVERAGES:** Commercial Liability Coverage - Bodily Injury and Property Damage; Medical Payments; Products/Completed Works; Fire Legal Liability; Personal and Advertising Injury Liability.
- Please Note:** Medical payments coverage is provided for all participants providing the insured has secured a signed Release from each entrant.

Participant Exclusion: Injury to hunt, rodeo, racing, vaulting, driving, gymkhana, roping, penning, cutting, hurdling, steeplechase, jousting, polo or rodeo type event participants is not covered.

I authorize you to charge the amount of: \$ _____ to my Visa Mastercard Expire

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Date _____ Signature _____