

AMERICAN EQUESTRIAN ALLIANCE

HORSE SHOW / SPECIAL EVENT APPLICATION
\$1,000,000 COMBINED SINGLE LIMIT
(USEF, PCHSA, USPA, ADA, PRCA Approved)

Member Name _____

Event Manager(s) _____

Name of Show _____ Type of Event _____

Telephone _____ FAX _____ Cell _____

Email _____ Website _____

Member Mailing Address _____

City _____ County _____ State ____ Zip Code _____

Event Location Name & Address _____

City _____ County _____ State ____ Zip Code _____

Name & Address of Premises Owner or additional Sanctioning Organization to be included as additional insured:

Mailing Address _____

City _____ County _____ State ____ Zip Code _____

Horse Show / Event Dates: Open _____ Close _____ Setup _____

Estimated Daily Attendance: Participants _____ Spectators _____ Seating Capacity _____

Is your show recognized by the USEF? Yes No USEF Show Number _____

Have you ever had a liability claim in the last 3 years? Yes No

Will Beer, Wine or Liquor be sold or distributed free? Yes No
By independent contractors? Yes No

Describe event _____

Will bleachers, platforms, grandstands or stages be used? Yes No

Portable Permanent Wood Steel Concrete Back and side railings? Yes No

AMERICAN EQUESTRIAN ALLIANCE

A signed release is required for each participant relieving you and AEA of liability.
 Will you comply with this requirement ? Yes No Please attach a copy to this application.
 Visit www.americanequestrian.com for guidelines and examples.

Include copy of promotional material, premium book, advertisement, brochures, website address and liability release or waiver.

TYPE OF EVENT	<input type="checkbox"/> Clinic	<input type="checkbox"/> Schooling Show	<input type="checkbox"/> Horse Show	<input type="checkbox"/> Hay / Carriage Ride
	<input type="checkbox"/> Auction	<input type="checkbox"/> Rodeo Event	<input type="checkbox"/> Pony Ride	<input type="checkbox"/> Guided Trail Ride
	<input type="checkbox"/> Parade	<input type="checkbox"/> Cutting / Penning	<input type="checkbox"/> Gymkhana	<input type="checkbox"/> Barrel Racing
	<input type="checkbox"/> Roping	<input type="checkbox"/> Bull Riding	<input type="checkbox"/> Other _____	

EVENT CALCULATION: (Do not include setup and dismantling) AEA Membership No. _____

Total Event Days _____ X Daily Rate \$ _____ + Membership \$50.00 =

Amount Due \$ _____

I/We hereby make application for association membership and participation sanctioning for the event(s) shown above. Enclosed is payment for dues, insurance and sanctioning fees with the American Equestrian Alliance / American Recreation & Entertainment Alliance. I/We agree to abide by its rules, regulations and bylaws. Membership begins January 1, or application and acceptance date if later and expires on December 31, of current year.

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 or in effect and that the Company requires that I/We obtain certificates of insurance from independent contractors naming member and American Equestrian Alliance additional insured for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation, Property, Automobile or Care, Custody and Control coverage. The member/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%).

Complete as early as possible prior to opening date of sanctioned event. I/We agree that, if this application is sent to you by facsimile or other electronic means, you may act upon it whether or not you receive an original hard copy. Coverage is not provided for events, activities or show dates that have not been declared and approved by the insurance company in writing prior to of the event.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

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 _____

Producer Name & Number _____