

# Horse Show & Competition Liability Application

**THE EQUESTRIAN GROUP**  
P.O. BOX 9957 PHOENIX, AZ 85068  
(602) 992-1570 FAX (602) 992-8327

Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
Policy and/or Renewal #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Desired Effective Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*Location of business if different from above. If multiple locations are utilized, please enclose on a separate sheet.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Last Year's Premium: \$ \_\_\_\_\_

Does Insured: ☐ Own ☐ Rent      Ownership: ☐ Individual ☐ Corporation ☐ Association ☐ Partnership  
Pay Plan Desired? ☐ Yes ☐ No      ☐ Two-Pay ☐ Three-Pay ☐ Four-Pay

## Equestrian Commercial General Liability

<b>Each Occurrence Limit</b>	<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
<b>Products and Completed Operations</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Double Aggregate</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		

*List Additional Insureds with relationship descriptions. For example: land owners and/or owners of facilities leased, sponsors of events, etc.  
If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

## Definitions and Instructions

- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product your organization is responsible for causes bodily injury or property damage. For example, this coverage would protect your group if you were serving refreshments at a public event day and a third party became ill from them.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.

Standard rating includes one day of set-up and one day for take down per event.

**Note:** *If dates have not been set, Written Notice of the event must be received in our office prior to the event date.  
Coverage is not provided for show dates that have not been declared to the company in advance of the event.*

Has the applicant had any liability claims or reported incidents in the past three years? Yes ☐ No ☐

Has coverage been denied and/or cancelled in the last three years: Yes ☐ No ☐

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.

Please outline all show/event activities for coverage consideration.

**Please attach a brief description of shows/events on a separate sheet or enclose a show/event bill or flyer.**  
You may use last year's flyer if the events are the same.

**Any events or activities not described/disclosed are not covered.**

## Summary of Equestrian Activities

Indicate below all Event/Show Days. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

**Note:** *If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for dates that have not been declared to the company in advance of the event.*

**Remember, any events or activities not described/disclosed are not covered.**

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

Is alcohol permitted, served, or sold at any events? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Are dogs permitted at any events? Yes ☐ No ☐

If yes, please explain your club's policy regarding dogs: \_\_\_\_\_

### **NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.**

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 a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Date: \_\_\_\_\_