



THE EQUESTRIAN GROUP

A Division of Allen Financial Insurance Group

Horse Show / Equine Special Event Application

NAMED INSURED - HORSE SHOW ORGANIZATION				NAME OF SHOW		
TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation						
SHOW MANAGER OR CONTACT PERSON				WEBSITE		
TELEPHONE NUMBER		FAX NUMBER		EMAIL		
MAILING ADDRESS						
CITY				STATE	ZIP CODE	
LOCATION OF SHOW GROUNDS						
CITY		COUNTY		STATE	ZIP	
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						
TYPE OF EVENT	<input type="checkbox"/> Clinic <input type="checkbox"/> Auction <input type="checkbox"/> Parade <input type="checkbox"/> Roping	<input type="checkbox"/> Schooling Show <input type="checkbox"/> Rodeo Event <input type="checkbox"/> Cutting / Penning <input type="checkbox"/> Bull Riding	<input type="checkbox"/> Horse Show <input type="checkbox"/> Pony Ride <input type="checkbox"/> Gymkhana <input type="checkbox"/> Other _____	<input type="checkbox"/> Hay / Carriage Ride <input type="checkbox"/> Guided Trail Ride <input type="checkbox"/> Barrel Racing		
REQUESTED LIMITS OF LIABILITY						
<input type="checkbox"/> \$500,000 Occurrence / \$1,000,000 Aggregate <input type="checkbox"/> \$1,000,000 / Occurrence / \$2,000,000 Aggregate \$__						
EST # PARTICIPANTS PER DAY		EST # SPECTATORS PER DAY		ESTIMATED # ENTRIES PER DAY		
SEATING <input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers		ARENA TYPE <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		SEATING CAPACITY		
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 USEF? <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>						
In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.					<input type="checkbox"/> I Accept TRIA Coverage for an additional premium. <input type="checkbox"/> I hereby Reject TRIA Coverage.	

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.

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.

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.

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 ()

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

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Date _____ Signature _____

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: _____