



The Equestrian Group

A Division of Allen Financial Insurance Group

Submission ID: _____

Quote Number: _____

Policy Number: _____

APPLICATION FOR RODEO EVENT LIABILITY

\$1,000,000 per occurrence / \$2,000,000 aggregate limit

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.

NAMED INSURED:				
DBA NAME:		ENTITY:		
MAILING ADDRESS: (NO PO BOX)				
CITY/STATE/ZIP:				
CONTACT FIRST NAME:		LAST NAME:		
CONTACT EMAIL:				
PHONE NUMBER:	CELL NUMBER:	FAX NUMBER:		
EVENT NAME:				
DESCRIPTION:				
SELECT ALL EVENT ACTIVITIES THAT APPLY:				
<input type="checkbox"/> BARREL RACING	<input type="checkbox"/> BARBECUE	<input type="checkbox"/> CUTTING/PENNING	<input type="checkbox"/> DANCE/CONCERT	<input type="checkbox"/> DRESSAGE
<input type="checkbox"/> GYMKHANA	<input type="checkbox"/> HORSE SHOW	<input type="checkbox"/> HUNTER/JUMPER	<input type="checkbox"/> MOUNTED DRILL TEAM	<input type="checkbox"/> PARADE
<input type="checkbox"/> PONY RIDES	<input type="checkbox"/> REINING	<input type="checkbox"/> ROPING	<input type="checkbox"/> ROUGH STOCK	<input type="checkbox"/> VAULTING
EVENT WEBSITE:				
EVENT START DATE:		EVENT END DATE:		
ESTIMATED ATTENDANCE PER DAY:		ESTIMATED ATTENDANCE TOTAL:		
HOW MANY DAILY PARTICIPANTS:		HOW MANY TOTAL PARTICIPANTS:		

* For Brokers/Agents

Broker /Agent Information

N/A

AGENCY NAME:		
MAILING ADDRESS:		
CITY/STATE/ZIP:		
PHONE NUMBER:	CELL NUMBER:	FAX NUMBER:
LICENSE #:	<input type="checkbox"/> Broker Is Appointed with Allen Financial Ins Group	

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GENERAL LIABILITY PREMIUM

	1 - 500 Total Attendance	501 - 1,000 Total Attendance	1,001 + Total Attendance
1 Day Event	\$350	\$425	***
2 Day Event	\$425	\$500	***
3 Day Event	\$500	\$575	***
4* Day Event	***	***	***

*** Submit application for rate(s)

ADDITIONAL INSURED (AI) CERTIFICATES:

1 AI	2 AI's	3+ AI's
\$0	\$50	\$100

**WAIVER OF SUBROGATION (WOS) and
PRIMARY WORDING ENDORSEMENTS:**

\$100 each

# OF DAYS / ATTENDEES	\$
# OF ADDITIONAL INSUREDS:	\$
# WAIVERS OF SUBROGATION: @ each	\$

AEA FEE: \$

ESTIMATED TOTAL: \$

Previous Insurance

NAME OF CARRIER:	POLICY NUMBER:
ANY LIABILITY OR PROPERTY LOSSES/CLAIMS IN THE PAST 5 YEARS?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, DESCRIBE:	

Underwriting Information

HOW MANY YEARS HAS THIS EVENT BEEN HELD:	EVENT WILL BE:
BUDGET (TOTAL BUDGET):	GROSS REVENUE:
ADMISSION PRICE:	
DESCRIBE THE BARRIER(S) BETWEEN ARENA & SPECTATORS:	
DESCRIBE YOUR EXPERIENCE PRODUCING HORSE SHOW EVENTS:	
DOES EVENT INCLUDE AIRCRAFTS, MECHANICAL DEVICES, OWNED EQUIPMENT, WEAPONS OR AMMO OF ANY KIND, CAR RACES, HAZARDOUS ACTIVITIES, PRECISION DRIVING, STUNTS, RIDES, PYROTECHNICS, WATER ACTIVITIES, OR EVENTS OUTSIDE THE U.S?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, DESCRIBE:	
ANY OVERNIGHT, CAMPING, OR DORMITORY OPERATIONS?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, DESCRIBE:	
FOR MUSIC ACTIVITIES, SELECT ALL THAT APPLY:	
___ BLUE GRASS ___ BLUES ALTERNATIVE ___ CHRISTIAN ___ CLASSICAL ___ COUNTRY ___ ELECTRICAL ___ GOSPEL ___ HEAVY METAL ___ JAZZ ___ POP ___ PUNK ___ R&B ___ RAP & HIP HOP ___ ROCK ___ SOUL ___ DJ ONLY ___	
NAME OF ARTISTS:	

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SECURITY & SAFETY						
	ARMED GUARDS	UNARMED GUARDS	POLICE	EMT / AMBULANCE	VOLUNTEER	OTHER
How many hired? ▶						
IF A 3 RD PARTY IS HIRED FOR SECURITY, DOES THEY CARRY THEIR OWN INSURANCE NAMING APPLICANT AS ADDITIONAL INSURED?						<input type="checkbox"/> NO <input type="checkbox"/> YES

RESPONSIBILITY CHART							
	N/A	VENUE	APPLICANT	VENDOR	SUB- CONTRACTOR	OTHER	CERTS PROVIDED
SECURITY							
LIQUOR							
VENDORS							
CONCESSIONAIRES							
PYROTECHNICS							
AMUSEMENT RIDES							
TENTS							
TEMPORARY LIGHTING							
LIVE ANIMALS							
DOES APPLICANT REQUIRE ALL ENTITIES MANAGING ANY OF THE ACTIVITIES INDICATED ABOVE TO HAVE THEIR OWN LIABILITY INSURANCE IN PLACE LISTING APPLICANT AS ADDITIONAL INSURED ON THEIR INSURANCE POLICY?							<input type="checkbox"/> NO <input type="checkbox"/> YES
DOES APPLICANT HIRE ANY SUBCONTRACTORS FOR THESE INSURED EVENT(S)?							<input type="checkbox"/> NO <input type="checkbox"/> YES

Venue Information

FACILITY NAME:		
MAILING ADDRESS STREET:		
CITY:	STATE	ZIP
TYPE OF ARENA:	PREMISES IS:	

PLEASE LIST ANY ADDITIONAL INFORMATION THAT MAY BE IMPORTANT OR HELPFUL:
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RODEO EVENT LIABILITY General Liability Insurance for Small, Short Term Events

This program is offered through Capitol Indemnity Corporation and is limited to events meeting the following conditions:

- Events must be less than 3 consecutive days.
- Maximum number of attendees for total event must be less than 500.
- Event may only have one location

The coverage provides up to \$1,000,000 per Occurrence / \$2,000,000 general aggregate with no deductible.

NOTE: *If your event does not meet these requirements, **coverage may be available**, however, A Horse Show Special Event Application must be submitted to Underwriting for a quote.*

<p>Who Is Covered? This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims.</p> <p>Coverage Includes Suits Arising Out Of:</p> <ul style="list-style-type: none"> • Injury or death of spectators • Property damage liability • All activities related to the event /insured’s operations and or activities • Ownership, use or maintenance of facilities • General negligence claims • Cost of investigation and defense of claims, even if groundless • Corporal Punishment • Medical Expense Benefit This Coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death. <p>Exclusions: Aircraft, all acts of terrorism, asbestos liability, claims made by athletic participants, independent contractors, autos, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible Spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability, liability for occurrences prior to the effective date of coverage or after policy expired.</p> <p>All of the above are subject to the terms and conditions of the policy.</p>	<p><i>optional coverages . . .</i></p> <p>Equipment Coverage: This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit.</p> <p>Hired and Non-Owned Automobile Liability Coverage: This liability coverage provides protection for rented, borrowed and other non-owned vehicles operation on Policyholder special event operations during the policy term.</p> <p>Excess Liability Coverage: This coverage provides additional liability limits increasing the liability coverage per each occurrence.</p> <p>PLEASE NOTE: THE FOLLOWING ARE INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED UNDER THE POLICY PER THE SCHEDULED ACTIVITIES EXCLUSION ENDORSEMENT: Inflatable Amusement Devices, Carnival Rides, Fireworks, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Security Forces, and All- Terrain Vehicles. Please see policy</p> <p>Increased Aggregates: This option increases the aggregate limit of liability insurance from \$2,000,000.00 to larger amounts</p>
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NOTICE - OFFER OF TERRORISM COVERAGE NOTICE - DISCLOSURE OF PREMIUM

Named Insured:	TBD
Attached to Quote #:	TBD
Attached to Policy #:	TBD

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In January 2015, the Terrorism Risk Insurance Program Reauthorization Act of 2015 (the "Reauthorization Act") extended this program through December 31, 2020. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million for calendar year 2015, \$120 million for calendar year 2016, \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in a calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.
- The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

Year	-	The federal share of terrorism losses
2015	-	85%
2016	-	84%
2017	-	83%
2018	-	82%
2019	-	81%
2020	-	80%

In accordance with the "Reauthorization Act" of 2015, 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. 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 decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S Government's share equals a percentage of the insured losses that exceed the applicable insurer retention, in accordance with the table set forth above.

DISCLOSURE AND ACCEPTANCE/REJECTION OF PREMIUM

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$100.00
	I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Capitol Specialty Insurance Corporation
Issuing Company

Print Name

Date

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Additional Insured Endorsement (A.I.)

Include N/A

AI TYPE:	INTEREST IN POLICY:
AI FULL NAME:	
MAILING ADDRESS STREET:	
CITY/STATE/ZIP:	

Waiver of Subrogation Endorsement (WOS)

Include N/A

FULL NAME:

INCLUDE PRIMARY & NON-CONTRIBUTORY WORDING

Important:

Please visit the American Equestrian Alliance website at <http://www.americanequestrian.com/Safety-Group-Guidelines-AEA.htm> & <http://www.americanequestrian.com/> - for important safety and risk management information. As an Equestrian Group / CapSpecialty policyholder and AEA member you have access to privileged, member only, risk management information at <http://americanequestrian.ning.com/>. This site includes state specific examples of equine liability releases and state equine statute information. The documents have been drafted by leading equine legal specialists and are designed to work in unison with state statutes and court precedent.

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures. I

UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES. I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary. **IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING**

By signing below, you are confirming that a Valid waiver and release form must be signed by all participating adults and/or a parent or guardian for all minors prior to the beginning of this event. You are also confirming that you will be in compliance with AEA safety guidelines as noted above and that you have not had any losses /claims at an event before in the past 5 years. Additionally, you are also confirming that you certify that there have been no losses, accidents or circumstances that might give rise to a claim under this insurance policy and you certify that there have been no losses in the past for these types of operations. Furthermore, by signing below, you are confirming that you would like to **bind** coverage per this application but also understand that the estimated price may change and is subject to final underwriting review.

Applicant Signature:	
Printed Name:	
Title:	Date: