

Equine Event Liability Application

Exclusively Underwritten By
**AMERICAN EQUINE
 INSURANCE GROUP**



Producer: _____ Number: _____
 Policy and/or Renewal #: _____
 Expiration Date: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____
 Website: _____ E-mail: _____

Applicant s Ownership Structure: Individual Corporation Association Partnership

Location of event if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease the facilities utilized by the applicant.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

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

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Limits of Liability

Each Occurrence Limit (Select one)		\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit		\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)		\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000	\$2,000,000
Triple Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A	\$3,000,000
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>				

Optional Coverages Subject to eligibility and underwriting approval.

Products and Completed Operations desired Yes No
Personal and Advertising Injury desired Yes No

Additional Insureds

List Additional Insureds and describe their connection to your event: for example, land owners and/or owners of facilities leased. 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. _____		

Are dogs permitted at your events? Yes No

If yes, please explain your policy regarding dogs: _____

Is alcohol permitted at your events? Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished at your events? Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Summary of Equine 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 provide last year's flyer. Please outline all show/event activities for coverage consideration. Attach extra pages as necessary. Standard rating includes one day of setup and one day for takedown 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 event 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: _____
Sanctioning Organization(s): _____	Location of event: _____
Description of event activities: _____	

Average number of participants per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of participants: _____	Maximum number of spectators: _____

Event/Show date(s): _____	Description of event: _____
Sanctioning Organization(s): _____	Location of event: _____
Description of event activities: _____	

Average number of participants per Show / Event: _____	Average number of spectators per Show / Event Day: _____
Maximum number of participants: _____	Maximum number of spectators: _____

Event/Show date(s): _____ Description of event: _____
 Sanctioning Organization(s): _____ Location of event: _____
 Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____
 Maximum number of participants: _____ Maximum number of spectators: _____

Event/Show date(s): _____ Description of event: _____
 Sanctioning Organization(s): _____ Location of event: _____
 Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____
 Maximum number of participants: _____ Maximum number of spectators: _____

Event/Show date(s): _____ Description of event: _____
 Sanctioning Organization(s): _____ Location of event: _____
 Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____
 Maximum number of participants: _____ Maximum number of spectators: _____

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

In Kentucky, New York, and Pennsylvania

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 subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

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. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name and title: _____ Date: _____