



Association Resource Group Competition Application

PLEASE TYPE OR PRINT CLEARLY - ONE APPLICATION PER EVENT
Please submit all applications at least 30 days before competition for a premium quote.

NOTE: EXPOSURES NOT DECLARED ARE NOT COVERED.

General Show Information

Indicate below all Event/Competition days. Please provide a description of the event (such as show, clinic, 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.

Note: Coverage is not provided for event dates that have not been declared to Equisure in advance of the event. Remember, any events or activities not described/disclosed are not covered.

1. Event Name _____
2. Event Location Address _____
(If multiple locations are used, please attach a separate sheet.)
3. City, State, Zip _____
4. Competition Manager _____
5. Mailing Address _____
6. City, State, Zip _____
7. Phone _____ Fax _____ Competition Mgrs E mail address: _____
This is the address Equisure will send all insurance documents for this event
8. Website Address: _____
9. Are dogs permitted at any events/competition you host? ____ Yes ____ No
If yes, please explain your policy regarding dogs: _____
10. Is liquor permitted at your events? ____ Yes ____ No
If yes, please detail: _____
11. Is liquor sold, served, or furnished at your events? ____ Yes ____ No
If yes, please detail: _____
Note: The sale of alcohol is not covered by the policy. Policies are subject to a liquor liability exclusion.

Competition Information

12. Actual Competition Days ____/____/____ thru ____/____/____
13. Do you wish to be insured for Set-Up and Take Down Days? ____ Yes ____ No.
14. First Day of Set-Up ____/____/____ Last Day of Take Down ____/____/____
If you require more than 3 set-up or take down days an additional premium may apply.
15. Estimated number of horses per day _____
16. Maximum number of horses per day _____
17. Estimated number of competitors per day _____
18. Maximum number of competitors per day _____
19. Estimated number of spectators per day _____

20. **Maximum number of spectators per day** _____
Large events with more than 300 horses or spectators may require an additional premium, please call Equisure for details.
21. **Please list all show/ event activities for coverage consideration.** _____
22. **What type of seating is provided and what is the seating capacity? For example, grandstands, bleachers etc.** _____
23. **What type of arena is used? Indoor** _____ **Outdoor** _____
24. **Is the warm up area fenced?** _____ Yes _____ No
25. **Is there security on site?** _____ Yes _____ No **If yes, please detail:** _____
26. **Is there an ambulance or EMT?** _____ Yes _____ No
27. **Is your show/event recognized by a national association** _____ Yes _____ No **If yes, please detail:** _____

Underwriting Information

28. **Does the show require a signed release or waiver from all competitors?** _____ Yes _____ No
Please attach a copy of the Release to this application. EQUISURE'S RECEIPT OF SUCH RELEASE/WAIVER FORM AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUTED SUCH RELEASE/WAIVER FOR ITS LEGALITIES OR VALIDITY.
29. **Do you allow someone other than the competitor to sign the release form?** _____ Yes _____ No **If yes, please explain:** _____
30. **Has this competition incurred any prior liability claims within the last 5 years?** _____ Yes _____ No
If yes please attach details of the claim.
31. **Does the Show Management, Officials or Judges Use golf carts or any other off road vehicles that are leased by the show?**
 _____ Yes _____ No, **If yes how Many?** _____
How are they used? ie: transfer of feed, tack, show officials _____

Equisure, Inc will not provide coverage for golf carts or off road vehicles if the show management or officials lease or rent golf carts or off road vehicles for a fee to any competitor or spectator. In addition Equisure, Inc will not cover any person under the age of 16 years, or any un-licensed person having responsibility for driving golf carts or off road vehicles.

For an additional premium the following will be considered by underwriting. If interested in a quote, are there other exposures other than the event being applied for that you wish to be considered for coverage?, If listed below, please complete the applicable supplement which can be obtained from Equisure or contact Equisure for more information.

If you do not, these activities, or any other activities, will not be covered.

Please indicate what other activities you are currently involved in:

- Pony Rides**
- Horse Drawn Vehicle Rides**
- Other: to be submitted for rating:** _____

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

The insurer shall not offer an optional extension period for this policy in New Mexico.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Signature _____

Date _____

SUBMISSION OF THIS APPLICATION AND MONEY DOES NOT GUARANTEE ISSUANCE OF A POLICY. ALL APPLICATIONS ARE SUBJECT TO UNDERWRITING APPROVAL.

Additional Insured's & Certificate Requests

Please list additional insured's or certificate holder you wish to have considered as an additional insured. Please circle the relationship for that request. For example: Landowner, Landlord, Facility, Sponsor. Additional Insured's (A/I) have coverage extended to them. Certificate Holders (C/H) are provided proof of insurance only, no coverage is provided.

We must have complete mailing addresses for the Additional Insured's and/or Certificate Holders.

1. _____ C/H or A/I

Name

Address, City, State, Zip

LANDOWNER FACILITY SPONSOR LANDLORD EQUIPMENT LESSOR

2. _____ C/H or A/I

Name

Address, City, State, Zip

LANDOWNER FACILITY SPONSOR LANDLORD EQUIPMENT LESSOR

3. _____ C/H or A/I

Name

Address, City, State, Zip

LANDOWNER FACILITY SPONSOR LANDLORD EQUIPMENT LESSOR

4. _____ C/H or A/I

Name

Address, City, State, Zip

LANDOWNER FACILITY SPONSOR LANDLORD EQUIPMENT LESSOR

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act, as amended*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

PLEASE 'X' ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ <u>258.00</u>
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Print Name

Date

LMA 9011 (21/12/2007)