

**NATRC Event Liability & Accident Program  
Application for 2010**

(Please Type or Print Clearly)

**General Show Information**

1. Name of Competition: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Check-in Location \_\_\_\_\_
4. Mailing Address c/o \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Event Management: \_\_\_\_\_  
**(Financially Responsible Party)**
6. Phone - Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Competition Contact: (if different than #2 above) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The premium is based on the days of actual competition. It includes 3 set-up and 3 take-down days at no extra premium. If these days are not listed, coverage will only be provided for actual days of competition.**

8. Actual Competition Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. **Please do not include check-in day.**
9. Do you wish to be insured for set-up and take-down days? \_\_\_ yes \_\_\_ no  
If yes, please indicate them below:
10. First day of set-up: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last day of take-down: \_\_\_\_/\_\_\_\_/\_\_\_\_. **Please include check-in day here.**
11. Estimated number of entries: \_\_\_\_\_ Estimated number of spectators per day: \_\_\_\_\_.

**Premium Worksheet (Applicant Please Complete)**

12. Event Liability plus accident & medical coverage for volunteers & officials (# of days) x \$140.50 \_\_\_\_\_ = \$ \_\_\_\_\_  
(This meets NATRC Requirements) (# of days)
  13. Premium for Terrorism Coverage: \$258.00 (Coverage is for "actual" competition dates only) \$ \_\_\_\_\_  
**\*\* attached terrorism disclosure must be signed and returned whether accepting or declining**
  14. \$2,000,000 general aggregate (**Optional**) (# of days) x \$60.95 \_\_\_\_\_ = \$ \_\_\_\_\_  
(# of days)
  15. Additional Set – up and Take – down days (# of days) x \$10.00 \_\_\_\_\_ = \$ \_\_\_\_\_  
(# of days)
- Total Premium** \$ \_\_\_\_\_

**Underwriting Information**

16. Has this event incurred any prior liability claims within the last five years? \_\_\_ yes \_\_\_ no (rates may vary due to prior claims)  
If Yes, please give details: \_\_\_\_\_
17. Are dogs permitted at any events/competition you host? \_\_\_ Yes \_\_\_ No  
If yes, please explain your policy regarding dogs: \_\_\_\_\_
18. Is liquor permitted at your events? \_\_\_ Yes \_\_\_ No If yes, please detail: \_\_\_\_\_
19. 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.**
20. Please list all show/ event activities for coverage consideration. \_\_\_\_\_

21. 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 EVALUATED SUCH RELEASE/WAIVER FOR ITS LEGALITIES OR VALIDITY.

22. Do you allow someone other than the competitor to sign the release form? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

23. Has this competition incurred any prior liability claims within the last 5 years? \_\_\_\_Yes \_\_\_\_No If yes please attach details of the claim.

24. 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? i.e.: transfer 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 unlicensed 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, please complete the applicable supplement which can be obtained from Equisure. If you do not, these activities, or any other activities, will not be covered.**

25. 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/Certificate Requests**  
**For Event Liability/Professional Liability Applications**

This is not a binder.

(Please Type or Print Clearly)

Applicant's Name: \_\_\_\_\_

**REQUEST FOR ADDITIONAL INSURED(S):** Please print the individual or corporation you wish to have considered as an additional insured and **circle the relationship** for that request. Also, please be aware that by listing additional insureds you are extending your coverage to the additional insured as to the respects of your liability exposure only and you are sharing your limits. Furthermore, Equisure must be notified of changes of additional insureds.

**PLEASE CIRCLE RELATIONSHIP\***  
**Show complete address**

**ADDITIONAL INSURED**  
 Coverage Provided

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 Landowner/Facility/Sponsor/Landlord/Equipment Lessor

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 Landowner/Facility/Sponsor/Landlord/Equipment Lessor

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 Landowner/Facility/Sponsor/Landlord/Equipment Lessor

**CERTIFICATE HOLDER**  
 Proof of Insurance Only/No Coverage Provided

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 \*Landowner/Facility/Sponsor/Landlord/Equipment Lessor

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 \*Landowner/Facility/Sponsor/Landlord/Equipment Lessor

\*\*\*\*\*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip  
 \*Landowner/Facility/Sponsor/Landlord/Equipment Lessor

**Please make additional copies of this form if additional space is required for your information**



# NORTH AMERICAN TRAIL RIDE CONFERENCE

## Event Liability and Accident Programs Summary of Insurance / Coverage

### Event Liability Coverage

**\* Who is Insured**

The designated event, sponsoring organization, event committee members, officials and event landowners.

**\* What is Covered**

Legal liability of the insureds with respect to claims or judgments brought against insureds sustained by spectators, participants, or others arising from the use of the grounds or operations necessary to the insured event. Legal liability of the insureds with respect to claims or judgments brought against insureds arising out of the use of or operation of non-owned automobiles for the named event.

**\* Limits**

\$1,000,000 per occurrence not to exceed \$100,000 on any one animal, and \$100,000 on equipment.

**\* When Does Coverage Apply**

Coverage applies for the days of practice and actual event as well as set-up and take-down days which have been contracted for with the event landowners.

**\* Exclusions**

Loss or injury to any employee, medical payments, pollution and professional services.

### Accident & Medical Coverage for Volunteers & Officials

In addition to Spectator Liability Coverage

**\* Who is Insured**

All volunteers, helpers, staff and officials over the age of 12 years and under the age of 75.

**\* What is Covered**

Accidental bodily injury resulting in death or disablement while the above mentioned individuals are fulfilling duties at an approved NATRC event. Includes set-up and take-down days as well as direct travel to and from the competition.

**\* Maximum Benefit Highlights**

Death benefit*	\$30,000
*(for ages 18 and over only)	
Permanent Total Disability	\$50,000
Medical Expenses	\$10,000
Temporary Total Disability	\$150/wk

Temporary Total Disability waiting period requirement is one week. Maximum benefit period is 52 weeks.

Medical Expenses are in excess of any other valid and collectible medical expense insurance and are subject to a \$250 deductible each claim.

If you have questions about the coverage or would like more information please call

**1-800-752-2472**

To apply for coverage or receive a written quote, complete the enclosed application and return to Equisure Inc.

**All coverages are subject to the applicable taxes and fees. The above information is for illustration only.**

**The insurance policy/certificate and application set forth the terms and conditions which apply.**



**PAYMENT OPTIONS**  
Please indicate just one option

Date: \_\_\_\_\_ Customer Code: \_\_\_\_\_ CSR: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

1. \_\_\_\_\_ **Charge to my (check one):**     VISA        or         MasterCard\*

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_        Expiration date: \_\_\_\_ / \_\_\_\_



3 Digit CID Code \_\_\_\_\_

For the amount of: \$ \_\_\_\_\_

X \_\_\_\_\_  
Signature as shown on credit card

3. \_\_\_\_\_ **Check or Money Order** - enclosed for full premium of: \$ \_\_\_\_\_

4. \_\_\_\_\_ **Quote Only** – No payment enclosed

\*We do not accept American Express or Discover