



Customer Code: \_\_\_\_\_

NOTE: Coverage is not provided for event dates not declared to Equisure in advance of the event. Any events or activities not described/disclosed are not covered.

**IMPORTANT: To ensure proper notification application must be received 30 days prior to your event for a premium quote.**

**SECTION 1: APPLICANT INFORMATION**

1. Event Name \_\_\_\_\_
2. Event Location Address \_\_\_\_\_  
(NOTE: If multiple locations, please attach separate sheet and include address for each event location.)
3. City, State, Zip \_\_\_\_\_
4. Competition Manager \_\_\_\_\_ Competition Mgrs E mail address \_\_\_\_\_
5. Mailing Address \_\_\_\_\_  
(NOTE: This address is used to mail all insurance documents for this event)
6. City, State, Zip \_\_\_\_\_
7. Phone \_\_\_\_\_ Website Address: \_\_\_\_\_

**SECTION 2: COMPETITION INFORMATION**

1. Actual competition days: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Do you wish to be insured for set-up and take-down days?  YES  NO
3. If yes, please list dates; first day of set-up \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Last day of take-down \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Maximum number of horses per day: \_\_\_\_\_
6. Maximum number of competitors per day: \_\_\_\_\_
7. Maximum number of spectators per day: \_\_\_\_\_
8. Requested Liability Limit:  \$1,000,000 per Occurrence/\$1,000,000 Aggregate  
 \$1,000,000 per Occurrence/\$2,000,000 Aggregate

**SECTION 3: UNDERWRITING INFORMATION**

1. What type of seating is provided and what is the seating capacity? (E.g., grandstands, bleachers etc.)  
\_\_\_\_\_
2. What type of arena is used?  Indoor  Outdoor Describe \_\_\_\_\_
3. Is the warm up area fenced?  YES  NO
4. Is there security on site?  YES  NO If YES, please detail: \_\_\_\_\_
5. Is there an ambulance or EMT?  YES  NO
6. Is liquor:
  - a. permitted at your events?  YES  NO If YES, please detail: \_\_\_\_\_
  - b. 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 policy liquor liability exclusion.)
7. Are dogs permitted at any events/competition you host?  YES  NO  
If yes, please explain your policy regarding dogs: \_\_\_\_\_
8. Does the show require a signed release or waiver from all competitors?  YES  NO



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9. Please attach a copy of the Release to this application. Equisure's receipt of such release/waiver form and subsequent possible insurance of a policy does not mean that Equisure has evaluated such release/waiver for its legalities or validity.

Copy attached?  Yes  No

10. Do you allow someone other than the competitor to sign the release form?  YES  NO  
If YES, please explain: \_\_\_\_\_

11. Has this competition incurred any prior liability claims within the last 5 years?  YES  NO  
If YES, please attach separate page describing date and details of claim(s).

12. Optional Activities (select one):

- a.  Pony Rides – Supplemental application required
- b.  Horse Drawn Vehicle Rides – Supplemental application required
- c.  Other: to be submitted for rating: \_\_\_\_\_
- d.  None

\*Insurance coverage is available for optional activities. Contact Equisure for supplemental application(s). Underwriting approval required and additional premium applies. (NOTE: Unless approved, insurance coverage is not provided for optional activities.)

13. 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 vehicles? \_\_\_\_\_

14. How are vehicles used? (e.g., transfer feed, tack, show officials) \_\_\_\_\_

**NOTE: 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.**

### 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.



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**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.**

	AUTHORIZED SIGNATURE/TITLE _____ DATE _____
	PRINT NAME: _____

**Please Note—if your event is in one of the following states additional information will be required prior to policy issuance:**

**AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY**



**CERTIFICATE of INSURANCE REQUEST FORM**

*This is not a binder. Please Type or Print Clearly.*

Customer Code: \_\_\_\_\_

Event Name: \_\_\_\_\_

*NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.*

**Certificate Holder Definitions**

**Additional Insured's**, if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim. **Proof of insurance** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

CERTIFICATE HOLDER (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
Check all that apply: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR		

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Pick one -Send holder's certificate to:  FAX  EMAIL  MAIL

CERTIFICATE HOLDER (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
Check all that apply: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR		

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Pick one -Send holder's certificate to:  FAX  EMAIL  MAIL

CERTIFICATE HOLDER (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
Check all that apply: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR		

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Pick one -Send holder's certificate to:  FAX  EMAIL  MAIL

Submitted BY: \_\_\_\_\_ Phone # \_\_\_\_\_



**PAYMENT OPTIONS FORM – COMPETITION LIABILITY PROGRAM**

*Please select only one payment option. Return form with completed application. Print legible.*

**Customer Code:** \_\_\_\_\_

**Event Name\*** \_\_\_\_\_

**Applicant's Name\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_ **City \*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip\*** \_\_\_\_\_

**Phone\*** ( ) \_\_\_\_\_ **Fax** ( ) \_\_\_\_\_

**Email\*** \_\_\_\_\_ *\* required*

Select option and complete payment information below.

**OPTION 1: Request Quote Only** (*No payment enclosed*)  **Yes**  **No**

**OPTION 2: Full Payment**  **Yes**  **No**

**Credit Card** (*check one*):  VISA or  MasterCard **Amount Authorized \$** \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration date: \_\_/\_\_/\_\_ 3 Digit CID Code \_\_\_\_\_

Signature as shown on Credit Card \_\_\_\_\_



*We do not accept American Express or Discover*

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

\_\_\_\_\_  
**Signature Name on Check** (please print)