



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: Application required 30 days prior to event.**

**SECTION 1: APPLICANT INFORMATION**

1. Event Name \_\_\_\_\_ USEF Event # \_\_\_\_\_ AHA # \_\_\_\_\_

2. Competition Contact \_\_\_\_\_ Competition Contact Email address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
*(NOTE: This address is used to mail all insurance documents for this event)*

4. City, State, Zip \_\_\_\_\_

5. Phone \_\_\_\_\_ Website Address: \_\_\_\_\_

6. Event Location Address \_\_\_\_\_  
*(NOTE: If multiple locations, please attach separate sheet and include address for each event location.)*  
City, State, Zip \_\_\_\_\_

7. Is your show/event recognized by a national association other than USEF or AHA?  YES  NO  
If so, by whom? \_\_\_\_\_

**SECTION 2: COMPETITION INFORMATION**

1. Actual competition dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Do you wish to be insured for set-up and take-down dates?  YES  NO

3. If yes, please list dates; first date of set-up \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Last date of take-down \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If more than 5 set-up or take down days combined, additional premium will apply- see section 5.)*

5. Maximum number of horses per day: \_\_\_\_\_

6. Maximum number of competitors per day: \_\_\_\_\_

7. Maximum number of spectators per day: \_\_\_\_\_

**SECTION 3: UNDERWRITING INFORMATION**

1. Is there an ambulance or EMT on Site?  YES  NO

2. Is liquor permitted at your events?  YES  NO If YES, please detail: \_\_\_\_\_

a. 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.)*

3. Does the show require a signed release or waiver from all competitors?  YES  NO

4. 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

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

6. 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).



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

7. 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? \_\_\_\_\_

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

B. Do you require Liability Coverage for Off Road Vehicles?  YES  NO

**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, No coverage will be provided for any person under the age of 16 years, or any unlicensed person having responsibility for driving golf carts or off road vehicles.**

8. Optional Activities (Must Select One):

- a.  None
- b.  Pony Rides – Supplemental application required
- c.  Horse Drawn Vehicle Rides – Supplemental application required
- d.  Other: (describe) \_\_\_\_\_ - Submit for rating

**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.)**

**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



2016 USEF/AHA SANCTIONED COMPETITION LIABILITY PROGRAM

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 \_\_\_\_\_

Please print & sign in blue or black ink

PRINT NAME: \_\_\_\_\_

SECTION 5: PREMIUM RATING WORKSHEET\*

1. Competition Liability \$140.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

2. Additional Extra Set up and Take down Days \$ 10.00 x \_\_\_\_\_ Additional days = \$ \_\_\_\_\_ (5 set-up or take down days combined are included)

3. 300-600 Horses/Spectators \$ 52.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

4. 601-1000 Horses/Spectators \$104.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

5. Up to 2 Golf Carts \$ 60.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

3 Golf Carts \$ 75.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

4 Golf Carts \$ 90.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

5 Golf Carts \$105.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

More than 5: # \_\_\_\_\_ = Submit for Rate

6. \$2,000,000 Aggregate (Optional) \$ 61.00 x \_\_\_\_\_ Event days = \$ \_\_\_\_\_

7. TOTAL PREMIUM (add #1 through #6 above) \$ \_\_\_\_\_

\* NOTE: This is a premium indication ONLY based upon information provided by applicant. This worksheet does not represent all combinations and premiums for special endorsement of higher limits of insurance, waivers of subrogation- please contact Equisure for a rate.

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

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



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) [ ] PROOF OF INSURANCE [ ] ADDITIONAL INSURED (AI)
Check all that apply: [ ] LANDOWNER [ ] FACILITY OWNER [ ] SPONSOR [ ] 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) [ ] PROOF OF INSURANCE [ ] ADDITIONAL INSURED (AI)
Check all that apply: [ ] LANDOWNER [ ] FACILITY OWNER [ ] SPONSOR [ ] 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) [ ] PROOF OF INSURANCE [ ] ADDITIONAL INSURED (AI)
Check all that apply: [ ] LANDOWNER [ ] FACILITY OWNER [ ] SPONSOR [ ] EQUIPMENT LESSOR

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

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

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

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

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

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



**PAYMENT OPTIONS FORM – COMPETITION LIABILITY PROGRAM**

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

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

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

Contact 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 \_\_\_\_\_

**Please print & sign in blue or black ink**  
**We do not accept American Express or Discover**

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

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



## Event Liability Program Exclusive for Sanctioned Events

Equisure, Inc. has developed an event liability program exclusively for events sanctioned by USEF and AHA. We invite your careful consideration of the following available coverage.

### Event Liability Coverage

#### Who is Insured

The Equine Competition/Special Event that has purchased coverage, any additional "Insured" added as identified in the schedule, Show or event managers, officials and show committee members (but only with respect to their duties as such), Employees, any Volunteer and participants at the insured show or event (but only in respect of "occurrences" arising out of their participating in such show or event)

#### Insuring Agreement

We will pay those sums that you become legally obligated to pay for damages because of bodily injury or property damage while you are engaged in a covered activity. Covered activity means only such activities specified in the schedule of insurance for which coverage has been agreed and a premium paid.

#### Policy Effective Date

Coverage is effective during the agreed event days as well as declared set-up and take-down days as requested on the application for insurance.

#### Exclusions

Workers Compensation, Employment Liability, Pollution, War, Damage to Property you own, Electronic Data, Violation of Statutes, Abuse or Molestation, Professional Services, Mold.

This is not a complete list of exclusions; please see the Master Policy.

#### Limits

Occurrence Limit: \$1,000,000

General Aggregate Limit: (Other than Products/Completed Operations) \$1,000,000

Product/Completed Operations Aggregate Limit: \$1,000,000

**THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE:**

Personal & Advertising Injury Limit: \$1,000,000 any one person

Fire Damage Limit: \$50,000 any one fire

Property Damage Limit: \$100,000 any one show for property rented or loaned to you or in your care, custody, or control (other than "horses")

Horse Limit: \$250,000 any one "horse" in your care, custody or control

Medical Payment Limit: \$5,000 any one person

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 applicable taxes and fees. The above information is for illustration purposes only