



**INSTRUCTIONS:** Complete application below for each show/event.

**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 \_\_\_\_\_
- 2. Event Location Address \_\_\_\_\_  
*(NOTE: If multiple locations, please attach separate sheet and include address for each event location.)*
- 3. City, State, Zip \_\_\_\_\_
- 4. Mailing Address \_\_\_\_\_  
*(NOTE: This address is used to mail all insurance documents for this event)*
- 5. City, State, Zip \_\_\_\_\_
- 6. Contact (Name/Position Title) \_\_\_\_\_
- 7. Contact Phone \_\_\_\_\_ Contact Email address \_\_\_\_\_

**SECTION 2: EVENT INFORMATION**

- 1. Actual Event Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. Do you require coverage for set-up and take-down days?  YES  NO  
If YES, please provide dates:  
First day of set-up \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last day of take-down \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. Estimated Total Number of Attendees at Event: \_\_\_\_\_
- 4. Estimated Total Gross Receipts \$ \_\_\_\_\_
- 5. Total Gross Receipts from Prior Year Event \$ \_\_\_\_\_  NONE
- 6. Requested Limit of Liability (select):  \$500,000  \$1million  \$2 million
- 7. Description of event:  
 Roping  Clinic  Horse Show  Gymkhana  Other: \_\_\_\_\_
- 8. Maximum number of competitors per day: \_\_\_\_\_

**SECTION 3: UNDERWRITING INFORMATION**

- 1. What type of arena is used?  Indoor  Outdoor Describe \_\_\_\_\_
  - 2. What type of seating is provided and what is the seating capacity? (E.g., grandstands, bleachers etc.)  
\_\_\_\_\_
  - 3. Does the Event allow for Vendors on premise?  YES  NO
    - a. If YES, are vendors required to have insurance for the event?  YES  NO
    - b. Does Event holder require a copy of the vendor insurance?  YES  NO
- NOTE: Your Special Event policy will not extend coverage to vendors. Please refer Event Vendors to Equisure to obtain their own Liability Insurance.*
- 4. Describe Entertainment/Activities at Event other than what you are seeking coverage for: \_\_\_\_\_
  - 5. Is there security on site?  YES  NO If YES, please detail: \_\_\_\_\_
  - 6. Is there an ambulance or EMT?  YES  NO



- 7. Is liquor permitted at your events?  YES  NO  
a. sold, served, or furnished at your events?  YES  NO If YES, please detail: \_\_\_\_\_
- 8. Are dogs permitted at any events/competitions you host?  YES  NO  
If yes, please explain your policy regarding dogs: \_\_\_\_\_
- 9. Does the show require a signed release or waiver from all competitors?  YES  NO  
Please attach a copy of the release/waiver 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. Copy attached?  YES  NO
- 10. Do you allow someone other than the competitor to sign the release/waiver form?  YES  NO  
If yes, please explain: \_\_\_\_\_
- 11. How many years has this event occurred/been in business? \_\_\_\_\_
- 12. Prior carrier information: Carrier: \_\_\_\_\_ Policy Dates: \_\_\_\_\_
- 13. Has this Event incurred any prior liability claims within the last 5 years?  YES  NO  
If YES, please provide details of claim including date and amount paid.  
\_\_\_\_\_  
\_\_\_\_\_
- 14. **Mandatory requirement:** A copy of the Event Calendar, Schedule and/or Agenda of Events must accompany this application.

**SECTION 4: AUTHORIZED SIGNATURE**

**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.

*I hereby certify that to the best of my knowledge the information provided is true and correct and that no information which would materially affect this insurance has been withheld.*



\_\_\_\_\_  
**Authorized Signature** Please print & sign in blue or black ink

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name/Title**



**CERTIFICATE of INSURANCE REQUEST FORM**

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

**Event Name:** \_\_\_\_\_ **Event Date:** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Email** \_\_\_\_\_ **Tel #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

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

**CERTIFICATE HOLDER** (Select One)  **PROOF OF INSURANCE**  **ADDITIONAL INSURED (AI)**  
Check all that apply:  **LANDOWNER**  **FACILITY OWNER**  **SPONSOR**  **EQUIPMENT LESSOR**  **OTHER**

**Certificate Holder Name:** \_\_\_\_\_ **Date(s) Required** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

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

**Attn:** (please print) \_\_\_\_\_

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

**CERTIFICATE HOLDER** (Select One)  **PROOF OF INSURANCE**  **ADDITIONAL INSURED (AI)**  
Check all that apply:  **LANDOWNER**  **FACILITY OWNER**  **SPONSOR**  **EQUIPMENT LESSOR**  **OTHER**

**Certificate Holder Name:** \_\_\_\_\_ **Date(s) Required** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

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

**Attn:** (please print) \_\_\_\_\_

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

**CERTIFICATE HOLDER** (Select One)  **PROOF OF INSURANCE**  **ADDITIONAL INSURED (AI)**  
Check all that apply:  **LANDOWNER**  **FACILITY OWNER**  **SPONSOR**  **EQUIPMENT LESSOR**  **OTHER**

**Certificate Holder Name:** \_\_\_\_\_ **Date(s) Required** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

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

**Attn:** (please print) \_\_\_\_\_

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

\_\_\_\_\_  
**Authorized Signature**

Please print & sign in blue or black ink

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name/Title**



PAYMENT OPTIONS FORM

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

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

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

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

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

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

\* required field

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)

Eq. Tam Code: \_\_\_\_\_