



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 issuance and notification to sanctioning groups, this application must be received 30 days prior to your event start date.

SECTION 1: APPLICANT INFORMATION

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

SECTION 2: COMPETITION INFORMATION

- 1. Actual competition/event dates: ____/____/____ thru ____/____/____
- 2. Do you wish to be insured for set-up and take-down days? ___ YES ___ NO
 - a. If yes, please list dates; first date of set-up ____/____/____
 - b. Last date of take-down ____/____/____
- 3. Maximum number of horses per day: _____
- 4. Maximum number of competitors/participants per day: _____
- 5. Maximum number of spectators per day: _____
- 6. Estimated Total Gross Receipts (before expenses) for this competition/event \$ _____
- 7. Total Gross Receipts (before expenses) from Prior Year Event \$ _____ ___ NONE, NEW THIS YEAR
- 8. Description of all competition/event activities that apply: (Submit Flyer or Brochure with application)
___ Roping ___ Clinic ___ Horse Show ___ Gymkhana ___ Other, provide details: _____
- 9. Requested Liability Limit: ___ \$1,000,000 per Occurrence/\$1,000,000 Aggregate (Standard Limits)
 ___ \$1,000,000 per Occurrence/\$2,000,000 Aggregate
 ___ Other: _____
- 12. Requested Horse Care Custody Control Limit (horses not owned by the named insured):
 ___ \$25,000 per Horse/\$50,000 Aggregate (Standard Limits)
 ___ \$50,000 per Horse/\$100,000 Aggregate
 ___ \$100,000 per Horse/\$200,000 Aggregate
 ___ Other: _____

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 _____



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- 3. Is the warm up area fenced? YES NO
- 4. Will there be Vendors at the competition/event? YES NO
 - 5. If YES, do all vendors have their own insurance for this competition/event? YES NO
 - 6. Does Event holder require a copy of the vendors insurance? YES NO

NOTE: Your Event policy will **not** extend coverage to vendors. Please refer Event Vendors to Equisure to obtain their own Liability Insurance.

- 5. Describe Entertainment/Activities at competition/event other than what you are seeking coverage for:

(Must provide a flyer or brochure with detailed list of activities at Event)

- 6. Is there security on site? YES NO If YES, please detail: _____
- 7. Is there an ambulance or EMT? YES NO
- 8. Is liquor sold, served, or furnished at your competition/event? NO YES If YES, please detail: _____

(NOTE: The sale of alcohol is not covered by the policy. Policies are subject to policy liquor liability exclusion.)

- 9. Are dogs permitted at this competition/event? YES NO
If yes, please explain your policy regarding dogs: _____

- 10. Does the competition/event require a signed release or waiver from all competitors/participants? YES NO
Do you allow someone other than the competitor/participant to sign the release/waiver form? YES NO
If YES, please explain: _____

A copy of the release/waiver must accompany this application. Our 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

- 11. How many consecutive years has this competition/event taken place? _____
- 12. Prior insurance information: Insurance Carrier: _____ Premium Paid: _____

- 13. Has this competition/event 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).

- 14. Will the competition/event management, officials or judges use golf carts or any other off road vehicles that are leased or provided by the competition/event? YES NO

A. If YES, how are off road vehicles used? (e.g., transfer feed, tack, show officials) _____

- B. Do you require 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.

- 17. Other equine activities taking place during this competition/event (Select all that apply **OR** none):

- a. None Pony Rides–Supplemental application required Horse Drawn Vehicle Rides – Supplemental application required Other: Describe: _____ (Submit for Rate)

*Insurance coverage may be available for some additional activities other than the competition/event. Contact Equisure for supplemental application(s). Underwriting approval is required and an additional premium will apply. (NOTE: Unless approved, insurance coverage is not provided for additional activities.)

Please Note—if your competition/event is in one of the following states an additional form will be required prior to policy issuance: AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY: Affidavits forms can be found on our website www.equisure-inc.com under Applications/Forms.



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.



AUTHORIZED SIGNATURE/TITLE _____ **DATE** _____

PRINT NAME: _____ *Please print & sign in blue or black ink*



CERTIFICATE of INSURANCE REQUEST FORM

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

Event Name: _____

___ **Please Issue Same Certificates as Expiring**

- **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.

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		

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

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: _____

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: _____



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PAYMENT OPTIONS FORM – COMPETITION/EVENT LIABILITY

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

Event Name* _____

Competition Contact* _____

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 (check or credit card) ___ Yes ___ No

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

Name on Credit Card _____

Credit Card # _____ - _____ - _____ - _____

Credit Card Expiration date: ____ ____ / ____ ____

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)



Competition/Event Liability Insurance

This application is for competitions/events (other than USEF).

Event Liability Summary

Who is an Insured?

The Equine Competition/Special Event that has purchased coverage, any additional "Insured" added and 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 for the sums you (the insured) 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 and agreed set-up and take-down dates as requested on the application for insurance.

Exclusions

Workers Compensation, Employment Liability, Pollution, War, and 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- (higher/lower limits may be available)

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: \$25,000 any one show for property rented or loaned to you or in your care, custody, or control (other than "horses")

Horse Limit: \$25,000 any one "horse" in your care, custody or control, subject to \$50,000 aggregate

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

If you have questions about competition/event coverage or you would like more information please call

720-390-7500

To apply for competition/event coverage or to receive a written quote, complete an application and return it to Equisure, Inc.

All premiums are subject to applicable taxes and fees. The above information is for illustration purposes only.