



General Liability Insurance For USEF and AHA Equine Competitions/Events

Choose an insurance agent that knows horses. Equisure, Inc. has been providing coverage for horse shows for more than 20 years. Thousands of clients have picked Equisure to insure their equine show or special event. At Equisure, we specialize in equine liability insurance and our policies are written with your event in mind.

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

Limits Summary

Occurrence Limit – The limit stipulating the most the carrier may pay for any one accident, including continuous or repeated exposure to substantially the same general harmful conditions, which occurs while engaged in the "covered activity".

General Aggregate Limit - General Aggregate is the most that will be paid during the policy period regardless of the number of claims. The General Aggregate is applicable to all covered claims other than the products and completed operations claims.

Products and Completed Operations - Liability arising out of the insured's products, for damages arising out of products manufactured, sold, handled or distributed by the insured. Completed Operations covers damages occurring after operations have been completed or abandoned, or after an item is installed or built and released for its intended purpose.

Personal & Advertising Injury Limit - *Personal Injury* means injury other than bodily injury. Coverage is provided for injury resulting from offenses such as false arrest, malicious prosecution, detention or imprisonment, the wrongful entry into, wrongful eviction from and other acts of invasion, or rights of private occupancy of a room. Coverage for libel and slander is also under this coverage.

Fire Damage Limit - Fire damage limit provides coverage for fire damage caused by negligence on the part of the insured to premises rented to the named insured. If a fire occurs because of negligence of the insured and causes damage to property not rented to the insured, coverage could be provided under the occurrence limit.

Care Custody and Control (-Horse) - Sums the insured becomes legally obligated to pay as damages because of injury, illness or disease (fatal or non-fatal) to horses in their care, custody or control.

Medical Payment - Medical payments coverage pays medical expenses resulting from bodily injury caused by an accident on premises owned or rented by the insured, or locations next to such property, or when caused by the insured's operations. These payments are made without regard to the liability of the insured.

Partial list of Important Policy Definitions

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 (but only in respect of "occurrences" arising out of a "covered activity"). Participants at the insured show or event (but only in respect of "occurrences" arising out of their participating in such show or event.

Covered Activity

Means only such activities as are specified as covered activities in the schedule.

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



2017 General Liability Insurance

For USEF and AHA Equine Competitions/Events

THE COVERAGE OPTIONS HAVE CHANGED. PLEASE READ THIS APPLICATION CAREFULLY.

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

IMPORTANT: To avoid association fines, please allow 30 days to process your application.

SECTION 1: APPLICANT INFORMATION

1. Event Name _____ USEF Event # _____ AHA # _____
2. Contact Name _____ Contact Email address _____
3. Mailing Address _____ City _____ State _____ Zip _____
(NOTE: This address is used to mail all insurance documents for this event)
4. Phone _____ Website Address: _____
5. Event Location Physical Address _____ City _____ State _____ Zip _____
(NOTE: If multiple locations, please attach separate sheet and include address for each event location.)
6. Is your show/event recognized by a national association in addition to USEF and/or AHA? ___ YES ___ NO
If so, by whom? _____

SECTION 2: EVENT INFORMATION

1. Actual event 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 ___/___/___ Last date of take-down ___/___/___
(If more than 5 set-up or take down day's combined, additional premium will apply- see section 5.)
4. Maximum number of horses per day: _____
5. Maximum number of competitors per day: _____
6. 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? ___ NO ___ YES If YES, please detail: _____
a. Sold, Served, or Furnished at your events? ___ 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.)
3. Does the event require a signed release or waiver from all competitors/volunteers and participants? ___ YES ___ NO
4. Are you using the USEF or AHA Release Form? ___ YES ___ NO **If No, 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.**
5. Do you allow someone other than the competitors/volunteers and participants to sign the release form? ___ YES ___ NO
If YES, please detail: _____
6. Has this event incurred any prior liability claims or potential losses within the last 5 years? ___ YES ___ NO
If YES, please attach separate page describing date and details of claim(s).
7. Does the event 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 off road 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 event management or officials lease or rent golf carts or off road vehicles for a fee to anyone. 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. Additional Activities (check any that apply): _____None, no coverage needed for any other activity

- a. _____Pony Rides – Supplemental application required
- b. _____Horse Drawn Vehicle Rides – Supplemental application required
- c. _____Other: (describe) _____ - Submit for rating

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


SECTION 5: PREMIUM RATING WORKSHEET* SEE PAGE 6 FOR THE STANDARD POLICY LIMITS

1. **Event General Liability** \$140.00 x ____ Event days = \$ _____
(FOR THE STANDARD POLICY LIMITS)
2. **I want Extra Set up and Take down Days, over the 5 combined days already included (see section 2, #3 & 4 above for correct rating)**
 YES \$ 10.00 x ____ Additional days = \$ _____
 NO, I do not want extra set up and take down days over the 5 combined days included
3. **This event will have increased Horses/Spectators/Competitors over 300**
 YES 300-600 Horses/Spectators/Competitors \$ 52.00 x ____ Event days = \$ _____
 OR 601-1000 Horses/Spectators/Competitors \$104.00 x ____ Event days = \$ _____
 NO, I do not want coverage for increased Horses/Spectators/Competitors over 300
4. **I want coverage for Golf Cart Liability**
 YES
 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
 NO, I do not want coverage for Golf Cart Liability
5. **I want coverage for Increased Aggregate limits to \$2,000,000, instead of the standard \$1,000,000**
 YES \$ 61.00 x ____ Event days = \$ _____
 NO, I do not want increased aggregate limits to \$2,000,000
6. **I want coverage for Increased Care Custody Control Limits, above the \$25,000 per horse/\$50,000 Aggregate included in the standard policy limits**
 YES \$50,000 per horse/\$100,000 Aggregate: \$35.00 x ____ Event Days= \$ _____
 OR \$100,000 per horse/\$200,000 Aggregate: \$70.00 x ____ Event Days= \$ _____
 NO, I do not want increased care custody control limits
7. **TOTAL PREMIUM (add #1 through #6 above)** \$ _____

*** NOTE: This worksheet does not represent all combinations and premiums for equine activities; such as higher limits of insurance or waivers of subrogation- please contact Equisure for questions and rates.**

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- : These Affidavits can be found on our website under Applications/Forms.

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.



AUTHORIZED SIGNATURE/TITLE _____ DATE _____

PRINT NAME: _____



CERTIFICATE of INSURANCE REQUEST

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

Event Name: _____

- **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 (<i>Select One</i>)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
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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: _____

CERTIFICATE HOLDER (<i>Select One</i>)	<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: _____

CERTIFICATE HOLDER (<i>Select One</i>)	<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: _____



PAYMENT OPTIONS FORM – COMPETITION LIABILITY PROGRAM

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

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: __ __ / __ __

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 & sign in blue or black ink)