



SECTION 1: APPLICANT INFORMATION

- 1.1. Event Name _____
- 1.2. Competition Manager/Contact _____
- 1.3. Mailing Address _____ City, State, Zip _____
(NOTE: This address is used to mail all insurance documents for this event)
- 1.4. Competition Manager/Contact Phone _____ Email Address _____
- 1.5. Event Location Address _____ City, State, Zip _____
(NOTE: If multiple locations, please attach separate sheet and include address for each event location.)
- 1.6. Event Website Address: _____

SECTION 2: COMPETITION INFORMATION

- 2.1. Actual competition days: _____ thru _____
- 2.2. Do you wish to be insured for set-up and take-down days? YES NO
- 2.3. If yes, please list dates; first day of set-up _____ -- Last day of take-down _____
(If more than 5 combined set-up or take down days there will be an additional premium per day.)
- 2.4. Estimated number of entries: _____ Estimated number of spectators per day: _____

SECTION 3: UNDERWRITING INFORMATION

- 3.1. Has this competition incurred any prior liability claims within the last 5 years? YES NO
If YES please attach details of the claim. _____
- 3.2. Are dogs permitted at any events/competition you host? YES NO
If YES, please explain your policy regarding dogs: _____
- 3.3. Is liquor 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 a liquor liability exclusion
- 3.4. Does the show require a signed release or waiver from all competitors? YES NO
- 3.5. Do you allow someone other than the competitor to sign the release form? YES NO
If YES, please explain. _____
- 3.6. Are you using the NATRC 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 ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH RELEASE/WAIVER FOR ITS LEGALITIES OR VALIDITY. Copy attached? Yes No

SECTION 4: OPTIONAL ACTIVITIES YES (Coverage requested) NO

Insurance coverage available for optional activities. Underwriting approval required and additional premium applies. (NOTE: Unless approved, insurance coverage is not provided for optional activities.)

4.1. Optional Activities (select):

____ Clinics; # days of clinics _____ Other: _____ (submit for rating)

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.



NATRC SPECIAL EVENT LIABILITY & ACCIDENT PROGRAM

Eq. Tam Code: _____

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: _____



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

**** NATRC Will automatically be added as an additional insured Sponsor.**



SECTION 5: PREMIUM WORKSHEET

Event Liability/Accident Insurance \$144.00 x (# of days) _____ = \$ _____
(NOTE: This meets NATRC Requirements)

\$2,000,000 general aggregate (Optional) \$60.95 x (# of days) _____ = \$ _____

Additional Set-up and Take-down days \$10.00 x (# of days) _____ = \$ _____
(5 Set up & Take Down Days automatically included for no additional premium)

Clinics/Other- Submit for Rate
TOTAL PREMIUM \$ _____

PAYMENT OPTIONS FORM

*Please select only one payment option and Return form with completed application
*Please print legible

Event Name* _____

Applicant's Name* _____

Address* _____ City * _____ State* _____ Zip* _____

Phone* _____

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: \$ _____



Eq. Tam Code: _____

NORTH AMERICAN TRAIL RIDE CONFERENCE

Event Liability and Accident Programs Summary of Insurance Coverage



Event Liability Coverage

* Who is Insured

The Equine Competition/Special Event that has purchased coverage, any additional "Insured" added an 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

The sums 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 with coverage has been agreed and a premium paid.

Any person(s) using or operating or legally responsible for the use or operation of the Golf Carts or Off-road Vehicles loaned or rented to others by you or any of your concessionaires, but only for their liability, as herein defined, arising out of the use or operation of the Golf Carts or Off-road Vehicles. However, no unlicensed operator or operator under 16 years of age shall be considered as "Insured".

* 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: \$100,000 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: \$50,000 any one "horse" in your care, custody or control, subject to \$100,000 aggregate

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

* 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.

Accident & Medical Coverage for Volunteers & Officials

* Who is Insured

Volunteers and participants including; stewards, judges and the like while officiating at the event. Age 12 to 75 unless otherwise agreed by name and event.

* Insuring Agreement

Coverage would apply if an "insured" sustains bodily injury during the policy term at a covered activity see schedule of benefits.

Schedule of Benefits

Maximum Benefit Highlights

Death benefit* \$30,000

*(for ages 18 and over only)

Under 18 years of age \$3,750

Permanent Total Disability \$50,000

Medical Expenses \$10,000 deductible \$250 each claim

Temporary Total Disability \$150/wk up to 52 weeks

Temporary Total Disability waiting period requirement is one week. Maximum benefit period is 52 weeks.

Medical Expenses are in excess of any other valid and collectible medical expense insurance and are subject to a \$250 deductible each claim.

If you have questions about the coverage or would like more information please call

720-390-7500

To apply for coverage or receive a written quote, complete the enclosed application and return to Equisure Inc.

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

The insurance policy/certificate and application set forth the terms and conditions which apply