

# EQUINE EVENT APPLICATION

(No owned/leased Locations)



Application Date:		Agency			
Company Use Only		Name/ Address:			
Customer#/SubID		Phone#			
Producer#					
Entity Type:	Individual	Corporation	LLC	Partnership	
Billing:	Direct Bill	Agency Bill	Pay Plan:		
Requested Effective Date:		Bill To:	Insured		
Requested End Date:					

## APPLICANT INFORMATION

Named Insured:					
<b>Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)</b>					
Mailing Address:					
County:		Phone#:		FEIN#:	
Web Address:		Email:			
Please quote:	LIABILITY	UMBRELLA			

## GENERAL UNDERWRITING QUESTIONS

Prior Carrier Information:			
Coverage Line	Company	# of years	Expiring Premium

1. Have you been declined, cancelled or non-renewed in the past 3 years?  Yes  No  
If yes, explain: \_\_\_\_\_
2. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?  Yes  No
3. How many years has this event occurred? \_\_\_\_\_
4. Has the event incurred any claims in the past 5 years?  Yes  No

LOCATION SCHEDULE	Additional Locations Supplemental Attached	PC = Protection Class				
Street Address	City/State	County	Zip	PC	Owned	Acres
1						
2						

## GENERAL LIABILITY UNDERWRITING QUESTIONS:

Company Use Only:			
Limits:			
\$100,000/200,000	\$300,000/600,000	\$500,000/1,000,000	\$1,000,000/\$2,000,000
ADDITIONAL INSUREDS		Supplemental Additional Insureds Schedule Attached	
Name/Address		Relationship to Insured	

**EVENTS** Not Applicable

1. Event Name: \_\_\_\_\_
2. Number of spectators per day: \_\_\_\_\_ Number of participants per day: \_\_\_\_\_
3. Dates of Event: \_\_\_\_\_
4. Set-up Starts: \_\_\_\_\_ Take down ends: \_\_\_\_\_
4. Types of Event: \_\_\_\_\_
5. Do you have bleachers or grandstands? Yes No Construction: \_\_\_\_\_  
 Height: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ Owned Rented \_\_\_\_\_
6. Do you sell feed, grain, hay or shavings to participants? Yes No Receipts: \_\_\_\_\_
7. Do you provide RV or camper hookups during the event? Yes No  
 Number of hookups: \_\_\_\_\_ Receipts: \_\_\_\_\_
8. Do you directly provide concessions during the event? Yes No  
 If yes, explain: \_\_\_\_\_  
 Non-Liquor Receipts: \_\_\_\_\_ Liquor Receipts \_\_\_\_\_
9. Describe entertainment/activities at the event other than equine-related:  
 \_\_\_\_\_
10. What is your policy for dogs at the event?  
 \_\_\_\_\_

**RISK MANAGEMENT CONTROLS (Required for General Liability and Care, Custody, Control)**

Review <http://www.horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance obtained from any Vendors			
All Participants sign a Release/Hold Harmless agreement			

**UMBRELLA SECTION**

Please provide copies of all non-Great American policies (A-rated carriers only) for which umbrella coverage is requested

**COVERAGE IS NOT DESIRED**

1. Requested Limit of Insurance:
 

\$1,000,000	\$3,000,000	\$5,000,000
\$2,000,000	\$4,000,000	\$ _____

## FRAUD STATEMENTS

**READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.**

<input type="checkbox"/>	<b>ALABAMA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
<input type="checkbox"/>	<b>ARKANSAS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or 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
<input type="checkbox"/>	<b>COLORADO</b>	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 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.
<input type="checkbox"/>	<b>FLORIDA</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
<input type="checkbox"/>	<b>KENTUCKY</b>	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.
<input type="checkbox"/>	<b>MAINE</b>	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.
<input type="checkbox"/>	<b>MARYLAND</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<input type="checkbox"/>	<b>NEW JERSEY</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<input type="checkbox"/>	<b>NEW MEXICO</b>	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.
<input type="checkbox"/>	<b>NEW YORK</b>	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.

<input type="checkbox"/>	<b>OHIO</b>	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.
<input type="checkbox"/>	<b>PENNSYLVANIA</b>	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.
<input type="checkbox"/>	<b>TENNESSEE</b>	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.
<input type="checkbox"/>	<b>VIRGINIA</b>	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, fine and denial of insurance benefits.
<input type="checkbox"/>	<b>WASHINGTON</b>	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.
<input type="checkbox"/>	<b>GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT</b>	Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

**The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.**

**Applicant's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**Agent's Signature:** \_\_\_\_\_

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

**Agent's License #:** \_\_\_\_\_