

HORSE SHOW / EVENT APPLICATION

Farm, Ranch, and Equine

GENERAL INFORMATION

Policy #								
Desired Coverage:		🗆 CGL Farm Li	ability	1		🗆 Equine L	iability Onl	у
Effective Date: Expiration Date:								
New Business	🗆 Renewal	🗆 Rewrite		Account Bill		Direct Bill	Pay Plan	Choose an item

AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

APPLICANT INFORMATION

Horseshow Org	ganization:					
Name of Show	:					
Show Manager	or Contact Person:					
Address:						
City:	State:	Zip:	Website	:		
Phone Number	r:		Email:			
Entity Type: Corporation Individual/Sole Proprietor Joint Venture LLC Partnership Trust or Estate Other, Describe:						

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

LOSS HISTORY

 \Box No Losses (in last 3 years)

Loss Runs Attached

 \Box Apply Loss Free Credit

UNDERWRITING QUESTIONS

1.	Is any business other than farming conducted by the insured? If yes, explain: Describe all farming or horse-related operations:	□YES	□NO
2.	Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	□YES	□NO
3.	Overall maintenance and condition of the grounds, fencing and buildings:		

4. Are all fonces/gates in good conditions where the event is taking place? UYES INO How other are they checked and by whom? UYES INO Any wire foncing used on the premises? UYES INO What type (sample: high-tensils smooth or barbed wire, no climb or woven wire)? IYES INO Height of foncing: UYES INO Who is responsible for fence repair? IS the warm up area fenced? IYES INO Security on ste? UYES INO INO Ambulance or EMT? UYES INO Has any animal ever escaped? UYES INO If yes, please explain: IYES INO Number: Breed: UYES INO Do you allow your clients to bring their dogs? IYES INO If yes, please explain: IYES INO Do you allow your clients to bring their dogs? IYES INO If yes, please explain: IYES INO Do you allow your clients to some events? IYES INO If yes, please explain: IYES INO If yes, please explain: IYES INO <t< th=""><th></th><th></th><th></th><th></th></t<>							
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Safety and Barn Rules: □YES □NO No Smoking Signs: □YES □NO							
No Smoking Signs: YES NO							
		No Smoking Signs: YES NO					

CERTIFICATES OF INSURANCE REQUESTED

 \Box Certificate Holder Only

□ Additional Insured, Subject to Company Approval

Owner of Premises:		
Name:		Location #:
Mailing Address / City / State Zip	:	
Certificate Holder Only	\square Additional Insured, Subject to Company Approval	
\Box Other (Explain insurable interest, if any	·):	
Name:		
Mailing Address / City / State Zip	:	

SHOW / EVENT INFORMATION

Estimated Entries:	Estimated Spectat	ors per Day:	Day: Estimated Gross Gate Receipts (for shows running more than for days):				
Seating:		Arena Type:	Seating Capacity:		pacity:		
🗆 Grandstands 🗆 Blea	achers	□ Indoor □ Outo	tdoor				
Is your show recognize	d by any national a	ssociation?					
🗆 Yes 🗆 No Competit	tion #						
Do you obtain a signed	Do you obtain a signed release from all entrants?						
□ Yes □ No Please	attach a copy of th	e Release to this a	pplication.				
NOTE: HAVE YOU HAD	ANY CLAIMS IN THE	PAST THREE YEAR	S? □ Yes □ No	INITIAL HER	RE:		
IF "YES," PROVIDE DET	AILS ON A SEPARAT	E SHEET OF PAPER	R AND ATTACH TO) THIS APPLI	CATION.		
Show Dates:		Move In Date:			Move Out Date:		
Show Dates:		Move In Date:			Move Out Date:		
Show Dates: Move In Date: Move Out Date:				Move Out Date:			

SHOW / EVENT LOCATION

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# of Acres	Owned	Leased	Other	# of Years at this location
1						
2						
3						
4						
5						

LIABILITY SECTION

CGL Farm Liability							
REQUESTED LIMITS OF LIABILITY (PER OCCURRENCE)							
□ \$300,000 OCC / \$600,000	□ \$500,000 OCC / \$1,000,000	□ \$1,000,000 OCC /	OTHER /				
AGG	AGG	\$2,000,000 AGG					
\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE							
AVAILABLITY OF HIGHER LIMITS AND TRIPLE AGGREGATE.							

CGL FARM LIABILITY ONLY

Deductible Type □N/A □ PD Deductible Basis - □\$1,000 □\$3,000 □\$5,000 Per Occurrence □ Damage to Premises Rented to You (\$100,000 included) Increase to: □\$300,000 □\$500,000 □ \$750,000 □\$1,000,000 Personal and Advertising Injury - □ Include □ Exclude

EXCLUSION: CG 21 01 - Athletic or Sports Participation will be attached to your policy - See form for specific exclusion

FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

In CO: 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.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

If there are any material changes in your stable operations during the policy year, please notify your agent at once.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

INSURED'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
x	/ /	x	/ /

IMPORTANT - ORIGINAL MUST BE RETURNED

INSURED'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE