

APPLICATION FOR HORSE SHOW INSURANCE

REFER TO THE DESCRIPTION OF THE INSURANCE PLAN FOR HORSE SHOWS ON THE REVERSE SIDE OF THE APPLICATION

HORSE SHOW ORGANIZATION (INSURED)	NAME OF SHOW	
TOTAL STOW STOTAL TOTAL (MOSTLES)		
SHOW MANAGER OR CONTACT PERSON		TELEPHONE NUMBER
SHOW MANAGER OR CONTACT PERSON		/ NOWIBER
ADDRESS/CITY/STATE/ZIP CODE		
ADDRESS/GITT/STATE/ZIF CODE		
LOCATION OF GUOW OPOUNDS		
LOCATION OF SHOW GROUNDS		
010010 0 477 (0)	MOVE IN BATE	LMOVE OUT DATE
SHOW DATE(S)	MOVE-IN DATE	MOVE-OUT DATE
CERTIFICATES OF INSURANCE REQUESTED FOR	/ /	/ /
Owner of Premises: Name:		
Address/City/State/Zip Code:		
☐ Certificate Holder Only ☐ Additional Insured		
Certificate Holder Offly		
Other (Explain insurable interest, if any):		
Name:		
Address/City/State/Zip Code:		
☐ Certificate Holder Only ☐ Additional Insured, Subject to Company Approval		
REQUESTED LIMITS OF LIABILITY		
□ \$300,000 / Occurrence □ \$500,000 / Occurrence □ \$1,000,000 / Occurrence □ Other \$		
\$600,000 Aggregate \$1,000,000 Aggregate \$2,000,000 Aggregate \$		
\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED.		
INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS AND TRIPLE AGGREGATE.		
ESTIMATED ENTRIES ESTIMATED SPECTATORS PER DAY ESTIMATED GROSS GATE RECEIPTS (FOR SHOWS RUNNING MORE THAN FOUR DAYS)		
\$		
SEATING ARENA TYPE	SEATING	CAPACITY
☐ Grandstands ☐ Bleachers ☐ Indoor ☐	Outdoor	
IS YOUR SHOW RECOGNIZED BY AHSA IS YOUR SHOW RECOGNIZED BY A NATIONAL ASSOCIATION OTHER THAN AHSA		
☐ Yes ☐ No Competition # ☐ Yes ☐ No DO YOU OBTAIN A SIGNED RELEASE FROM ALL ENTRANTS		
☐ Yes ☐ No Please attach a copy of the Releas		CE OR EMT
	☐ No ☐ Yes	
NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? ☐ Y		
IF "YES," PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.		
STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties.		
APPLICANT'S SIGNATURE DATE	AGENT'S SIGNATURE	DATE
X / /	X	/ /
AGENCY NAME	AGENCY CODE	EMAIL ADDRESS
MAILING ADDRESS	TELEPHONE NUMBER	FAX NUMBER
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ORIGINAL APPLICATION MUST BE RETURNED

INSURANCE PLAN FOR HORSE SHOWS

NAMED INSURED: The Horse Show Organization, while acting in the scope of their duties.

ADDITIONAL INSURED: The Sponsoring Organization, Individual Committee Members, Officials, Judges, Course Designer, and

Premise Owner with respect to their liability arising from the acts they perform at the direction of and

within the scope of their duties for the insured.

PREMIUM: Premium charge is based on the number of show days, not including the two days which may be required

for preparation, "move-in" and dismantling, "move-out" days. If the public is invited onto the premises,

additional public event days must be declared.

Special premium charges may apply. To obtain premium quotation for shows open five days or longer,

detailed information is required, including estimated total gate receipts for the show, number of

spectators per day and seating capacity.

POLICY TERM: The period required for the preparation and the dismantling of the show, usually one day prior and one

day after the show, effective 12:01 a.m.

IMPORTANT: The insured must require that all independent contractors (including concessionaires on the show

grounds) furnish the insured with a Certificate of Insurance as evidence that Worker's Compensation

Insurance and Public Liability Insurance is in force during the show.

PRINCIPAL COVERAGES: Commercial Liability Coverage - Bodily Injury and Property Damage; Medical Payments;

Products/Completed Works; Fire Legal Liability; Personal and Advertising Injury Liability.

Please Note: Medical payments coverage is provided for all participants providing the insured has

secured a signed Release from each entrant.

THIS IS A BRIEF DESCRIPTION. PLEASE REFER TO THE ACTUAL POLICY AND

ENDORSEMENTS FOR COVERAGE DETAILS.

Complete Application on Reverse Side