Application For Horse Show Insurance

HORSE SHOW ORGANIZATION (INSURED)		NAME OF SHOW			
SHOW MANAGER OR CONTACT PERSON		EMAIL ADDRESS	TELEPHONE	NUMBER	
ADDRESS/CITY/STATE/ZIP CODE					
LOCATION OF SHOW GROUNDS					
SHOW DATE(S)		MOVE-IN DATE	MOVE-OUT I	DATE	
Owner of Premises: Name:					
Address/City/State/Zip Code:					
Certificate Holder Only					
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					
□ \$500,000 / Occurrence		\$1,000,000 / Occurrer	nce 🗌 Other \$		
\$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	lndoor				
O YOU OBTAIN A SIGNED RELEASE FROM ALL I	DI # INTRANTS	Yes	No		
		ease to this application			
IS THE WARM UP AREA FENCED SECURITY ON SITE AMBULANCE OR EMT					
🗌 Yes 🗌 No	Yes	🗌 No	🗌 Yes 🗌] No	
NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? 🗌 YES 📄 NO 🛛 INITIAL HERE, PLEASE:					
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			

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, or "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 Liability Injury.

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 ENDORSEMENT FOR COVERAGE DETAILS.