

EQUINE EVENT APPLICATION

(No owned/leased Locations)



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

APPLICANT INFORMATION

Named Insured:			
Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)			
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	\$ _____