



U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005 (866) 298-5525

Horse Show/Event Liability Application

Insured Name and Address _____ _____ _____ _____ Phone Number (Day): _____ (Evening): _____ Fax #: _____ E-mail: _____	Policy Number: _____ Agent Name: _____ Agent Number: _____ Agent Phone #: _____ Agent Fax #: _____ Agent E-mail: _____ Policy Period: From _____ to _____ Payment Plan: <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill
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1. Location of show/event if different from the address listed above (if multiple locations are utilized, please attach a separate sheet): _____
2. Does the applicant: Own Lease Rent (check one) the premises for the show/event?
3. Applicant is an: Individual Corporation Partnership Association

Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____

4. Average number of spectators per day: _____. Average number of participants per day: _____
5. Sanctioning Organization and type of show/event: _____
6. Type of non-sanctioned shows/events: _____
7. Total number of show/event days per year: _____. List all show/event days: _____
8. Do you obtain signed releases from all participants? Yes No (If 'yes', please supply a copy.)
9. Do you have an EMT at the show? Yes No

Note: If dates have not been set, *Prior Written Notice* of the show/event must be received in our office prior to the show/event date. Coverage is not provided for dates that have not been declared to the Company in advance of the show/event.
 (Two extra days for set-up and one extra day for take down are included for horse shows).

Previous Information

1. Past and/or present Insurance Company: _____ Coverage Period: _____
2. HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? Yes No
 If 'yes', please supply approximate dates, description of loss and amounts paid: _____
3. Have you had coverage cancelled or refused in the past 3 years? Yes No
 If 'yes', please explain: _____

Coverage Limits

Coverage E: Tack Coverage, Coverage / H: Bodily Injury and Property Damage Liability
 Coverage I: Personal Injury and Advertising Injury Liability

Occurrence/Aggregate Limit (Check One Limit for Coverage H & I)	Tack Coverage (Coverage E) (Check Limit Desired) Cause of Loss = Basic/ Valuation = ACV	Declination of Coverage I Check appropriate space below if you wish to decline all of Coverage I or just Advertising Injury Liability Coverage.
<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> I Decline Personal & Advertising Injury Liability Coverage.
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> I Decline Tack Coverage	<input type="checkbox"/> I Decline Advertising Injury Liability Coverage only.

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Tack limited to \$2,500 per item. Higher Limits for Tack Coverage is Available. Minimum deductible on Tack = \$250. Complete Tack Coverage Supplemental Schedule. **No Coverage will be provided for Horse Races.**

All Applications Must Be Signed And Dated.

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 (\$5,000) and the stated value for each such violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Signature of Applicant
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