

AssuredPartners NL 2325 Green Valley Rd New Albany, IN 47150

Tel: 812-941-4110 Fax: 812-944-8010

## APPLICATION FOR COMMERCIAL EQUINE LIABILITY

(A Special program Limited to Horse-Related Exposures Only)

## THIS IS NOT A BINDER

MARODIANI, INCOMPLETE AND UNCOMED ADDITION	YONG WILL BE DETUI	THE FOR COMPL	ETION ALL
IMPORTANT: INCOMPLETE AND UNSIGNED APPLICAT OPERATIONS MUST BE DECLARED. ALL			
☐ NEW BUSINESS – DESIRED EFFECTIVE DATE ///	RENEWAI	L – EXPIRATION DAT	E / /
NAME OF APPLICANT	BUSINESS/STABLE NAME		
MAILING ADDRESS / CITY / STATE / ZIP CODE			
WALLES AND ALL STATE AND A STA			
TELEPHONE NUMBER	PERSON TO CONTACT FOR	₹INSPECTION	
NOTICE – WHEN MORE THAN ONE APPLICANT (HUSBAND AND WIFE EXCEPTED), E	EXPLAIN INTEREST OF EACH	<u> </u>	
,			
LOCATION(S) OF ACTUAL OPERATIONS – INDICATE IF APPLICANT OWNS OR LEASI Address (including zip code)	ES PREMISES	Number of Acres	Premises
1			Own Lease
2			☐ Own ☐ Lease
APPLICANT IS			
☐ Individual ☐ Partnership ☐ Organization/Corporation	☐ Owner Operato	or Other (spe	cify)
NAME OF ALL PARTNERS OR OFFICERS OF CORPORATION			
CERTIFICATES OF INSURANCE REQUESTED FOR			
Owner of Premises: Name			
Address Additional Insured			
Other – Describe Interest:			
Name and Address		-	
☐ Certificateholder Only ☐ Additional Insured, If Eligible			
LIMITS OF LIABILITY – PLEASE CHECK ONLY ONE SET OF DESIRED LIMITS			
\$300,000 CSL/Occ. \$500,000 CSL/Occ. [	\$1,000,000 CSL/Occ	c.	CSL/Occ.
\$600,000 Agg. \$1,000,000 Agg. INQUIRE ABOUT THE AVAILABILITY OF INCREASED LIMITS ON THE FOLLOWING OF	\$2,000,000 Agg.	Other	
	Medical Payments	☐ Fire	e Legal Liability
DO YOU DESIRE COVERAGE FOR CARE, CUSTODY, OR CONTROL FOR NON-OWNE			
COMPLETE A SEPARATE APPLICATION - IF NO, PLEASE SIGN HERE AS HAVING RE	• •	☐ Yes ☐ No	
APPLICANT			DATE

member of **Assurant** Group.

	GENERAL INFORMATION & UNDERWRITING QUESTIONNAIRE	
1.	DESCRIBE ALL FARMING OR HORSE-RELATED OPERATIONS	
•		
	NUMBER OF YEARS AT THIS LOCATION	NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS
2.	NUMBER OF TEARS AT THIS LOCATION	NOWIDER OF TEARS EXPERIENCE IN THESE OPERATIONS
3.	IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACK	KGROUND IN HORSE BUSINESS
٥.		
4.	and Employer's Liability is <u>not</u>	PAYROLL FOR HORSE OPERATIONS \$
_	IS THIS YOUR PRINCIPAL OCCUPATION – IF NO, DESCRIBE OCCUPATION OR BUSINE	SS YOU ARE ENGAGED IN
5.	☐ Yes ☐ No	
	ARE THERE ANY BUSINESS ENTERPRISES OR PROFESSIONAL OFFICES ON ANY OF	THE DESCRIBED PREMISES – IF YES, PLEASE EXPLAIN
6.	☐ Yes ☐ No	
7.	DO YOU LEASE ANY PART OF THE LAND, BUILDINGS, STABLES, STALL SPACE, OPER Yes No	RATIONS TO OTHERS – IF YES, PLEASE EXPLAIN
	The The	
8.	IS THERE 24-HOUR SUPERVISION OF THE FACILITY – IF YES, PLEASE DESCRIBE	
9.	ARE ALL PASTURES TOTALLY FENCED - DESCRIBE TYPE OF ALL FENCING	
	Yes     No	
10.		HOW OFTEN IS FENCING CHECKED
٠.		RIDING FACILITIES
11.		Arena: Indoor Outdoor Open Fields Trails
12	DO YOU HAVE OPERABLE FIRE EXTINGUISHERS VISIBLE AND READILY ACCESSIBLE IN	IN OTHER OUTBUILDINGS/BARNS
	YOUR STABLES Yes No	Yes No
13.	DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF C Yes No	LAINO FOR DI & PD - IF 1ES, PLEASE <u>ATTAGRIA COPT</u> TO THIS APPLICATION
4.		DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
	☐ Yes ☐ NO ☐ Yes ☐ NO	WHAT BREED
5.	Yes No	WINT DICED
6.	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE - IF YES, PROVIDE DETAILS	
	Yes No DO YOU OWN/MAINTAIN ANY OTHER ANIMALS, OSTRICHES, EMUS, ETC IF YES, HOW MANY	M/HAT TVDE
7.	Yes No	WHATTHE
8.		IF YES, IS IT RESTRICTED TO PRIVATE USE
	Yes No IS HUNTING/FISHING PERMITTED ON THE PROPERTY – IF YES, PLEASE EXPLAIN	Yes No
9.	Yes No	
20.	DO YOU OPERATE A BED AND BREAKFAST – IF YES, PLEASE DESCRIBE	
٠.	│ □ Yes □ No	

	NIMAL BELO	W ONLY ONCE	, BASED O	N <sub>,</sub> ITS PRIMAR	Y USE				
orses Owned/Leased/Use	d by Insured:		Number	Horses Non-C	wned by Ir	nsured:		N	umber
a. Owned horses used for ir				1. Boarding/p	asturing				
b. Boarded horses used for	instruction to of	thers		2. Show train	ing			<u> </u>	
. Show and/or pleasure				3. Racing and	d/or training	to race		<u> </u>	
. Racing and/or training to	race			4. Breeding (	Mares	, Stalli	ions	)	
Breeding (Mares	, Stallions	)		5. Foals/wear	nlings			<u> </u>	
Foals/weanlings									
Retired and/or lay-ups								)	
For sale (Breed	)							/ 	
Other (Describe:	)			J. Other (Des	on IDE		_/		
II Owned Horses Must	be Declared						Total (l	_ines 1-8)	
	Total	(Lines 1-8)		9. Total numb	per of stalls	on your pre	mises	<u> </u>	
Number of carts, buggies				10. What is the					
Describe Use:				non-owned	I that can be	kept on yo	our premis	es?	
ECTION II. HORSES N				, TRAINING, F				O EXPOSURE AN	ID INITIA
OTAL NUMBER OF STALLS	MAXIMUM NUI	MBER BOARDED	PASTURED		MONTHLY B	OARDING R		ANNUAL GROSS <b>\$</b>	
	. NA ANZINAL INA NILIN	ADED OF NON OWA	IED LIGDOEG I	U TO AINING	MONTHI V T	RAINING RA	ATE /	ANNUAL GROSS	
RAINING PLEASURE & SHOW	: MAXIMUM NUI	MBER OF MON-OWN	IED HORSES II	1 IRAIIIING	A		l	r e	
			IED HOKSES II		\$	DE MARES		\$ SKEPTON PREMI	SE TILFO
REEDING: NUMBER OF NON-C	OWNED BREE	D		MAXIMUM NUME	\$	IDE MARES		•	SE TIL FO
REEDING: NUMBER OF NON-C	OWNED BREE			MAXIMUM NUME	\$	IDE MARES	ARE MARE	•	
REEDING: NUMBER OF NON-G TALLIONS ACE HORSES: WHAT BREEDS	OWNED BREE	D MANY DO YOU TRAI	N FOR OTHER:	MAXIMUM NUME  B PAYROLL  \$	\$	IDE MARES	ARE MARE	S KEPT ON PREMI	
REEDING: NUMBER OF NON-GALLIONS ICE HORSES: WHAT BREEDS REYOU ACTIVELY INVOLVED Yes NO	OWNED BREE  HOW  D IN THE RACING	D MANY DO YOU TRAI B/TRAINING OF YOU	N FOR OTHER: JR OWN RACE	MAXIMUM NUME  B PAYROLL  HORSES	\$ ER OF OUTS	DE MARES	ARE MARE	S KEPT ON PREMI	
REEDING: NUMBER OF NON-GALLIONS ACE HORSES: WHAT BREEDS RE YOU ACTIVELY INVOLVED Yes NO ECTION III. EQUESTR	OWNED BREE  HOW  D IN THE RACING	D  MANY DO YOU TRAI  F/TRAINING OF YOU  DLS — RIDING I	N FOR OTHER: JR OWN RACE NSTRUCTI	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS	\$ ER OF OUTS	c	ARE MARE	S KEPT ON PREMI	ACE IN
REEDING: NUMBER OF NON-GALLIONS  ICE HORSES: WHAT BREEDS  RE YOU ACTIVELY INVOLVED  Yes No  ECTION III. EQUESTR  INSTRUCTION PROVIDED BY	OWNED BREE  HOW  D IN THE RACING	MANY DO YOU TRAI  FATRAINING OF YOU  DLS - RIDING I  If an inc.  tor instruct	N FOR OTHER: JR OWN RACE	MAXIMUM NUME  B PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF	\$ ER OF OUTS	c	ARE MARE	S KEPT ON PREMI	ACE IN
REEDING: NUMBER OF NON-CALLIONS ACE HORSES: WHAT BREEDS RE YOU ACTIVELY INVOLVED Yes No ECTION III. EQUESTS INSTRUCTION PROVIDED BY YOU AN Indepe	OWNED BREE  HOW  IN THE RACING	MANY DO YOU TRAI  FITRAINING OF YOU  DLS - RIDING I  If an inc instructor instructor	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent or/trainer is used	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF	\$ ER OF OUTS	c	ARE MARE	S KEPT ON PREMI	ACE IN
REEDING: NUMBER OF NON-GALLIONS ACE HORSES: WHAT BREEDS RE YOU ACTIVELY INVOLVED Yes No ECTION III. EQUESTING INSTRUCTION PROVIDED BY YOU AN Independence of SAFETY G	OWNED BREE  HOW  DIN THE RACING  RIAN SCHOOL  endent Instruct  EAR REQUIRED	MANY DO YOU TRAI  G/TRAINING OF YOU  DLS — RIDING I  If an inc instruct complet	N FOR OTHERS  JR OWN RACE  NSTRUCTI dependent or/trainer is used the Section IV.	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF	\$ ER OF OUTS  RTIFIED INST  No	C RUCTOR	WHAT ST	S KEPT ON PREMI	ACE IN
REEDING: NUMBER OF NON-GALLIONS  ACE HORSES: WHAT BREEDS  RE YOU ACTIVELY INVOLVED  Yes No  ECTION III. EQUESTR  INSTRUCTION PROVIDED BY  You An Indepense of Safety GO  O YOU PROVIDE RIDING FOR  Yes No	OWNED BREE  HOW  O IN THE RACING  RIAN SCHOOL  Endent Instruct  EAR REQUIRED  THE HANDICAP	MANY DO YOU TRAI  G/TRAINING OF YOU  DLS — RIDING I  If an incinstruct complete  PPED GROSS ANN  \$	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent or/trainer is used to Section IV.	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF  Yes  NON-PRO	\$ ER OF OUTS  TIFIED INST  No  DFIT  NO	RUCTOR NUMBER C	HECK IF N	S KEPT ON PREMI ATES DO YOU RA	ACE IN
REEDING: NUMBER OF NON-CALLIONS  ICE HORSES: WHAT BREEDS  RE YOU ACTIVELY INVOLVED  Yes No  ECTION III. EQUESTR  INSTRUCTION PROVIDED BY  You An Indepension of Safety G  O YOU PROVIDE RIDING FOR  Yes No	OWNED BREE  HOW  O IN THE RACING  RIAN SCHOOL  Endent Instruct  EAR REQUIRED  THE HANDICAP	MANY DO YOU TRAI  G/TRAINING OF YOU  DLS — RIDING I  If an incinstruct complete  PPED GROSS ANN  \$	N FOR OTHERS  JR OWN RACE  NSTRUCTI dependent or/trainer is used the Section IV.	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF  Yes  NON-PRO  Yes  VOLUNTE	\$ ER OF OUTS  TIFIED INST  No  DFIT  S No EER COVERA	RUCTOR    NUMBER C	HECK IF N	S KEPT ON PREMI ATES DO YOU RA	ACE IN
REEDING: NUMBER OF NON-CALLIONS  ICE HORSES: WHAT BREEDS  RE YOU ACTIVELY INVOLVED  Yes No  ECTION III. EQUESTR  INSTRUCTION PROVIDED BY  YOU An Indepension of Safety G  YOU PROVIDE RIDING FOR  Yes No  IT OF INSTRUCTORS TO S	OWNED BREE  HOW  DIN THE RACING  RIAN SCHOOL  Endent Instruct  EAR REQUIRED  THE HANDICAP  TUDENTS	MANY DO YOU TRAI  B/TRAINING OF YOU  DLS — RIDING I  If an inc instruct comple  PPED GROSS ANT  ARE SIDEW	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent  or/trainer is used  te Section IV.  NUAL RECEIPT  VALKERS USED	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF  Yes  NON-PRO	\$ ER OF OUTS  TIFIED INST  No  DFIT S No EER COVERA S NO	RUCTOR  NUMBER C  AGE REQUE	HECK IF NOTE TO THE CONTROL OF HORSES	S KEPT ON PREMI  ATES DO YOU RA  O EXPOSURE AN	ACE IN
REEDING: NUMBER OF NON-CALLIONS ACE HORSES: WHAT BREEDS RE YOU ACTIVELY INVOLVED Yes No ECTION III. EQUESTS INSTRUCTION PROVIDED BY You An Indepe	OWNED BREE  HOW  IN THE RACING  RIAN SCHOO  EAR REQUIRED  THE HANDICAP  TUDENTS  HORSES AVAIL	MANY DO YOU TRAI  B/TRAINING OF YOU  DLS — RIDING I  If an incinstruct complete  PPED GROSS ANN  ARE SIDEW  ABLE MAXIMUM N	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent or/trainer is used the Section IV.  NUAL RECEIPT  ALKERS USED  JUMBER USED	MAXIMUM NUME  PAYROLL  HORSES  ON — CLINICS  ARE YOU A CEF  Yes  NON-PRO  Yes  VOLUNTE  Yes	\$ ER OF OUTS  ETIFIED INST  No  DFIT  S No EER COVERA S No E	RUCTOR  NUMBER C	HECK IF NOTE TO THE CONTROL OF HORSES	S KEPT ON PREMI  ATES DO YOU RA  O EXPOSURE AN	ACE IN
REEDING: NUMBER OF NON-CALLIONS  ACE HORSES: WHAT BREEDS  RE YOU ACTIVELY INVOLVED  YES NO  ECTION III. EQUESTS  INSTRUCTION PROVIDED BY  YOU AN Indepe  ESCRIBE TYPE OF SAFETY G  O YOU PROVIDE RIDING FOR  TO YOU PROVIDE RIDING FOR  TO YOU PROVIDE RIDING FOR  TO YOU PROVIDE RIDING FOR  AXIMUM NUMBER OF SCHOOL  RE STALLIONS USED FOR INS  YES NO	OWNED BREE  HOW  IN THE RACING  RIAN SCHOO  Endent Instruct  EAR REQUIRED  THE HANDICAP  TUDENTS  HORSES AVAIL  BTRUCTION	MANY DO YOU TRAI  B/TRAINING OF YOU  DLS — RIDING I  If an incinstruct complete  PPED GROSS ANN  ARE SIDEW  ABLE MAXIMUM N  IF SO, INDIC	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent or/trainer is used the Section IV.  NUAL RECEIPT  ALKERS USED  JUMBER USED  CATE THE LEVI	MAXIMUM NUME  PAYROLL  S HORSES  ON — CLINICS  ARE YOU A CEF  Yes  VOLUNTE  Yes  AT ANY ONE TIME  L OF THE RIDER	\$ ER OF OUTS  ETIFIED INST  No EER COVERA  NO E AND AGE	RUCTOR  NUMBER C  AGE REQUE	HECK IF NOTES OF HORSES	S KEPT ON PREMI ATES DO YOU RA  O EXPOSURE AN AVAILABLE FOR	ACE IN
REEDING: NUMBER OF NON-CALLIONS ACE HORSES: WHAT BREEDS RE YOU ACTIVELY INVOLVED YES NO ECTION III. EQUESTR INSTRUCTION PROVIDED BY YOU AN Indepe ESCRIBE TYPE OF SAFETY G O YOU PROVIDE RIDING FOR TO YES NO ATIO OF INSTRUCTORS TO S' AXIMUM NUMBER OF SCHOOL RE STALLIONS USED FOR INSTRUCTION TO D YOU GIVE INSTRUCTION TO	OWNED BREE  HOW  IN THE RACING  RIAN SCHOO  Endent Instruct  EAR REQUIRED  THE HANDICAP  TUDENTS  HORSES AVAIL  BTRUCTION	MANY DO YOU TRAI  B/TRAINING OF YOU  DLS - RIDING I  If an incinstruct complete  PPED GROSS AND \$  ARE SIDEW  ABLE MAXIMUM N  IF SO, INDICENTIFE SO, ADVISEN	N FOR OTHERS  JR OWN RACE  NSTRUCTI  dependent or/trainer is used the Section IV.  NUAL RECEIPT  ALKERS USED  JUMBER USED  CATE THE LEVI	MAXIMUM NUME  PAYROLL  S HORSES  ON — CLINICS  ARE YOU A CEF  Yes  NON-PRO  Yes  VOLUNTE  Yes  AT ANY ONE TIME	\$ ER OF OUTS  ETIFIED INST  No EER COVERA  NO E AND AGE	RUCTOR  NUMBER C  AGE REQUE	HECK IF NOTES OF HORSES	S KEPT ON PREMI ATES DO YOU RA  O EXPOSURE AN AVAILABLE FOR	ACE IN

ECTION III. continued	AUTILIA OLID OTI IDELITA	Indicate a A. C.	110,4,44			POSURE AND INITIAL
O YOU ATTEND OFF-PREMISES SHOWS V Yes No	WITH YOUR STUDENTS	Injuries to horses and students being transp		TIMES PER YE	AR IGRO	SS RECEIPTS
O YOU HOLD CLINICS FOR NON-STUDEN	TS HOW MANY DAYS	are not covered.	AVERAGE A	TTENDANCE		EIPTS EARNED
Yes No	OVERNIOUE OAMS		DO VOLUDO	0) (IDE E00D	\$	00 05051070 500 044
O YOU OPERATE A DAY CAMP	OVERNIGHT CAMP	N.	l <u> </u>	OVIDE FOOD	\$	SS RECEIPTS FOR CAN
Yes No ESCRIBE ALL ACTIVITIES OFFERED AT CA	Yes AMPS OTHER THAN RIDIN		│	∐ No		
SECTION IV. INDEPENDENT INS O INDEPENDENT TRAINERS OR INSTRUC			HOW MANY		HECK IF NO EXF Y THEIR OWN IN	OSURE AND INITIAL
☐ Yes ☐ No	TORE OF ERVITE ON TOO	(11(EMIOEG II 00, 1	1000 1000 1100	☐ Yes	□ No	10010 11021
+ If so, we will require a copy of We will also require that they r DO NOT carry their own insura on-premises only and to off-pr ROVIDE NAMES OF INDEPENDENT INSTR	name you as an addi ance, they will be add remise shows with h	tional insured un ded as an insured orses and/or ride	der their polic I for an addition rs in training.	y. If the inde onal charge	ependent ins if eligible. C	tructors or trainer
KOVIDE NAMES OF INDEPENDENT INSTR	UCTORS OR TRAINERS A	ND ADDRESSES (MUS	ST BE 18 YEARS C	F AGE OR OLL	JEK)	
NDEPENDENTS COVERED ON THIS POLICE	CY MUST USE A RELEASE	. ATTACH COPY(IES).				
OW MANY HORSES ARE PROVIDED FOR	LESSONS BY GROSS F	RECEIPTS		GROSS RECE	EIPTS FOR INST	RUCTION TO STUDENT
IDEPENDENT INSTRUCTORS	<b>3</b>			ON THEIR OV		\$
OW MANY OF YOUR BOARDED HORSES A	ARE BEING TRAINED BY IT	NDEPENDENT TRAINE	RS	OR TRAINED	UNDER YOUR N	IAME
ECTION V. PONY RIDES / SADI	OLE ANIMALS FOR H		R DAILY REN	TALS/	CHECK IF NO EX	(POSURE AND INITIAL
UMBER OF ANIMALS AVAILABLE FOR	GROSS RECEIPTS FO		S RECEIPTS FOR	TRAIL RIDES	DO YOU CONE	DUCT PACK TRIPS
ENTAL OR TRAIL RIDES	\$	\$			☐ Yes	☐ No
ONY RIDES/PARTIES: NUMBER OF PONIE	S GROSS RECEIPTS	_	U USE SIDEWALK			
O YOU RENT OR LEASE HORSES OR PON	▼ NES TO CAMPS/RESORTS		Yes		_AIN	
☐ Yes ☐ No						
ECTION VI. SALES – HORSE, I		TACK, FEED, HC	RSESHOEIN	G c		POSURE AND INITIAL
O YOU SELL HORSES	WHAT BREEDS	HOW N	MANY PER YEAR		GROSS ANNU	AL RECEIPTS
Yes No BBUYER ALLOWED TO TEST RIDE	IF YES	DO YO	U SELL FROM YC	UR OWN PREM	 MISES	
☐ Yes ☐ No	☐ In arena ☐ Ir					
XPLAIN ANY OTHER METHOD OF SALES						
O YOU SELL FOOD OR HAVE A SNACK BA	Liquoi ii	ability flot	S RECEIPTS			
	covered F YES, USED OR NEW		S RECEIPTS			
0 100 0222 17101174127011 02011 11110 1	TUsed ☐ New	\$	J.,			
□Yes □No □		GROS	S RECEIPTS			
Yes No COYOU SELL HAY OR FEED						
O YOU SELL HAY OR FEED  Yes No		\$				
O YOU SELL HAY OR FEED  Yes No O YOU MIX FEED FOR SALE/CONSUMPTION	ON					
O YOU SELL HAY OR FEED  Yes No						
O YOU SELL HAY OR FEED  Yes No O YOU MIX FEED FOR SALE/CONSUMPTION Yes No O YOU REPAIR RIDING EQUIPMENT FOR Yes No	OTHERS	\$				
O YOU SELL HAY OR FEED  Yes No O YOU MIX FEED FOR SALE/CONSUMPTION YOU REPAIR RIDING EQUIPMENT FOR	OTHERS  SERVICES In	\$	ERVICES ON PRE	MISE ONLY	GROSS RECE	PTS If on premises only this coverage can added to this polic

	SECTION VII. RIL	DES, HORSE SHO	WS AND MISCELLANEOUS ACTIVITIES				CHECK IF NO EXPOSURE AND INITIAL				
	RIDES	NUMBER OF	GROSS	NUMB	ER OF	NUMBER OF	NUMBER OF	NUM	IBER OF	ON OR OFF	
1.	│	PASSENGERS	RECEIPTS	S WAG	ONS	HORSES	MOTOR VEH	Т	RIPS	PREMISES	
	│		\$								
	shows	DO YOU MANAGE ANY S	HOWS OPEN TO	BOARDERS OR	NON-STU	DENTS ARE THESE	SHOWS RECOGNIZE	BY THE A	AMERICAN HO	RSE SHOW ASSOC.	
2.	Independent vendors	Yes No	)			☐ Yes	☐ No				
	are not covered.	NUMBER OF	GROSS	RECEIPTS	MAXIN	IUM NUMBER	OF TOTAL NU	IBER C	F SH	SHOW DATES	
	SHOWS	PARTICIPANTS	(ALL S	HOWS)	SPECT	ATORS PER D	AY SHOW I	DAYS			
	ON PREMISES										
	RODEOS		\$								
	ON PREMISES										
			\$								
3.	DO YOU SECURE REL	EASES FROM ALL ENT	RANTS – ATTAC	HSAMPLE			ECTATORS EVER EX	CEED 500	PER DAY		
-	Yes IN	<b>lo</b> IERS OR GRANDSTANDS	CONSTRUC	STICNI		] Yes □ No R BUILT	0	1.	OF ATIMIO CAI	PACITY - NUMBER	
4.	l <u> </u>		CONSTRUC	TION	TEAT	K BUILT		ľ	SEATING CAR	PACITY - NOWBER	
	Yes NO YOU MANAGE ANY		IF YES, WH	AT TYPE	DOY	OU OWN/USE/LEAS	E ANY HOUNDS FOR	HUNTS	HOW MANY F	HOUNDS	
5.	EVENTS		,			]Yes 🔲 N					
	Yes N										
6.	IF RODEOS ON PREM 	ISE, DESCRIBE TYPE C	F EVENTS								
	DO YOU ALLOW NON-	BOARDERS TO USE YO	OUR FACILITIES	. IF YES, PLEAS	SE EXPLA	IN.					
7.	│	No		,							
_	ALL OPERATIONS MU	IST BE DECLARED - DE	ESCRIBE FULLY	ANY OTHER E	VENTS O	R OPERATIONS NO	OT ALREADY MENTIC	ONED IN T	THIS APPLICA	ATION	
8.											
		e is not provided fo	or injury to p	articipants i	in horse	races, rodeos	, rodeo-type eve	nts, hu	nts, vaultii	ng, and polo	
	matches/	practice.									
	<b>PREVIOUS 3 YEA</b>	RS CARRIER INFO	DRMATION F	REQUIRED (	(IF NO P	<b>REVIOUS CAR</b>	RIER, STATE N	ONE)			
			POL			LICY		NUMBE		LOSSES AND	
	CON	/IPANY	NUM	BER	PEI	RIOD	PREMIUM	CLA	MS	RESERVES	
	HAVE YOU HAD ANY L	OSSES IN THE PAST F	IVE (5) YEARS –	· IF YES, GIVE /	APPROXIN	MATE DATES AND E	EXPLANATIONS INCI	UDING P	AYMENTS M	ADE	
1.	_ ☐ Yes ☐ N	lo	. ,	,							
_	HAVE YOU BEEN CAN	CELLED OR DENIED CO	OVERAGE IN TH	E LAST THREE	(3) YEAR	S – IF YES, PLEASI	E EXPLAIN				
2.		10									
	  IS THIS BUSINESS BR	OKERED – IF YES, BRC	KER IS TO PRO	VIDE NAME A	DDRESS	CITY, STATE 7IP C	ODE AND TELEPHO	NE NUMF	BER		
3.	∏ Yes ☐ N	,		, 🔿							
	STANDARD FRA	UD WARNING: Any	y person who	knowingly	and with	intent to defrau	ud any insurance	compa	ny or other	person files an	
	application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading								of misleading,		
	nformation concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to riminal and substantial civil penalties. (This wording does not apply in Oregon.)										
	- FLORIDA: A		·	. 201 - 201 - 101 - 1		- ,		CI.			
	application co	ny person who kno ontaining any false, i	owingly and vincomplete or	with intent to misleading	o injure, informat	defraud or ded ion is quilty of a	ceive any insurei felony of the thir	r files a d degree	statement e	of claim or an	
	l ··		·	J		• ,	·	•			
	NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty								olicy is guilty of		
	insurance fraud and is subject to criminal and civil penalties.										
	VIRGINIA: 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.							r the purpose of			
	defrauding the	e company. Penaltie	es include imp	orisonment,	tines and	d denial of insur	ance benefits.				
	The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations								representations		
	made are to be best of his/her knowledge true.										
	APPLICANT'S SIGNAT	URE		DATE		GENT'S SIGNATURI	E		DA	ATE,	
	X			1	/  X						

You may use this page to supplement your application with any additional information.						