

# EQUINE EVENT APPLICATION



Application Date:	
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Company Use Only	
Customer#/SubID:	
Producer#:	

Agency	
Name/Address:	Equidae Insurance, Inc. 608 Virginia Street East, Suite 302 Charleston, WV 25301
Phone#:	(304) 346-1198

Entity Type:    Individual    Corporation    LLC    Partnership    \_\_\_\_\_  
 Billing:    Direct Bill    Agency Bill   Pay Plan: \_\_\_\_\_

Requested Effective Date:	
Requested End Date:	

Bill To:    Insured

## APPLICANT INFORMATION

Name Insured:			
<input type="checkbox"/> <b>Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)</b>			
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, canceled 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 since this event occurred? \_\_\_\_\_
4. Has the event incurred any claims in the past 5 years?    Yes    No

LOCATION SCHEDULE <input type="checkbox"/> 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 INSURED <input type="checkbox"/> 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 the Event: \_\_\_\_\_
4. Set-up Starts: \_\_\_\_\_      Take Down Ends: \_\_\_\_\_
5. Types of Event: \_\_\_\_\_
6. Do you have bleachers or grandstands?       Yes     No      Construction: \_\_\_\_\_  
 Height: \_\_\_\_\_      Seating Capacity: \_\_\_\_\_       Owned     Rented
7. Do you sell feed, grain, hay or shavings to participants?     Yes     No    Receipts: \_\_\_\_\_
8. Do you provide RV or camper hookups during this event?     Yes     No  
 Number of hookups: \_\_\_\_\_      Receipts: \_\_\_\_\_
9. Do you directly provide concessions during this event?     Yes     No    Receipts: \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 Non-Liquor Receipts: \_\_\_\_\_      Liquor Receipts: \_\_\_\_\_
10. Describe any entertainment/activities at the event other than equine-related:  
 \_\_\_\_\_
11. What is your policy for dogs at the event?  
 \_\_\_\_\_

**RISK MANAGEMENT CONTROLS** (Required for General Liability and Care, Custody, Control)

Review <http://horse-insurance.com/law.html> for state requirements

	YES	NO	N/A
Certificate of Insurance obtained from any Vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Participants sign a Release/Hold Harmless agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**UMBRELLA SECTION**

Please provide copies of all non-Equidae policies (A-rated carriers only) for which umbrella coverage is requested

**COVERAGE IS NOT DESIRED**

1. Requested Limit of Insurance:
 

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$ _____



**STATEMENT OF NO LOSS**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Re: New Application

To Whom It May Concern,

\_\_\_\_\_ and/or \_\_\_\_\_ have not  
Name Insured Responsible Party  
sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

**Signature of Responsible Party:** \_\_\_\_\_

**Name of Responsible Party:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FRAUD STATEMENTS

**READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.**

Initial	State	Fraud Statement
	<b>ALABAMA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	<b>ARKANSAS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	<b>COLORADO</b>	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 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.
	<b>FLORIDA</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
	<b>KENTUCKY</b>	Any person who knowingly and with intent to defraud any insurance company or other 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.
	<b>MAINE</b>	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.
	<b>MARYLAND</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	<b>NEW JERSEY</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	<b>NEW MEXICO</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
	<b>NEW YORK</b>	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	<b>OHIO</b>	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.

	<b>PENNSYLVANIA</b>	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 subjects such person to criminal and civil penalties.
	<b>TENNESSEE</b>	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.
	<b>VIRGINIA</b>	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, fine and denial of insurance benefits.
	<b>WASHINGTON</b>	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.
	<b>GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT</b>	Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and civil penalties.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's License #: \_\_\_\_\_

**WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:**

- Show Schedule / Prize List
- Sample Entry Form