

Horse Show Application

American Bankers Insurance Co

HORSE SHOW ORGANIZATION (INSURED)		NAME OF SHOW	
SHOW MANAGER OR CONTACT PERSON		Website	
TELEPHONE NUMBER	FAX NUMBER	Email	
ADDRESS/CITY/STATE/ZIP CODE			
LOCATION OF SHOW GROUNDS			
SHOW DATE(S)		MOVE-IN DATE / /	MOVE-OUT DATE / /
CERTIFICATES OF INSURANCE REQUESTED FOR			
<input type="checkbox"/> Owner of Premises: Name: _____ Address/City/State/Zip Code: _____ <input type="checkbox"/> Certificate Holder Only <input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Other (Explain insurable interest, if any): _____ Name: _____ Address/City/State/Zip Code: _____ <input type="checkbox"/> Certificate Holder Only <input type="checkbox"/> Additional Insured, Subject to Company Approval			
REQUESTED LIMITS OF LIABILITY		\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS	
<input type="checkbox"/> \$500,000 / Occurrence <input type="checkbox"/> \$1,000,000 / Occurrence <input type="checkbox"/> \$1,000,000 Aggregate <input type="checkbox"/> \$2,000,000 Aggregate			
ESTIMATED ENTRIES	ESTIMATED SPECTATORS PER DAY	ESTIMATED GROSS GATE RECEIPTS (FOR SHOWS RUNNING MORE THAN FOUR DAYS) \$	
SEATING	ARENA TYPE	SEATING CAPACITY	
<input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			
IS YOUR SHOW RECOGNIZED BY AHSA <input type="checkbox"/> Yes <input type="checkbox"/> No Competition # _____		IS YOUR SHOW RECOGNIZED BY A NATIONAL ASSOCIATION OTHER THAN AHSA <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU OBTAIN A SIGNED RELEASE FROM ALL ENTRANTS <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Release to this application.			
IS THE WARM UP AREA FENCED <input type="checkbox"/> Yes <input type="checkbox"/> No		SECURITY ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	
AMBULANCE OR EMT <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> 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.			
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. No coverage provided for Race Horses and/or Horses in Race Training. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued. I/We hereby make application to Allen Financial Insurance Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).			
APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
AGENCY NAME		AGENCY CODE	EMAIL ADDRESS
MAILING ADDRESS		TELEPHONE NUMBER ()	FAX NUMBER ()

