

AMERICAN WEST 4D BARREL RACING ASSOCIATION



**HORSE SHOW / CLINIC / SPECIAL EVENT APPLICATION**

**\$1,000,000 COMBINED SINGLE LIMIT**

**American West Member Name** \_\_\_\_\_

Member is:  Individual  Partnership  Corporation  LLC      Member # \_\_\_\_\_

Event Manager(s) \_\_\_\_\_

Name of Show \_\_\_\_\_ Type of Event \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

**Member Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Name of Arena / Premises Owner** \_\_\_\_\_

**Event Location Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Event / Horse Show Dates: \_\_\_\_\_

Setup/Tear Down days? \_\_\_\_\_

Estimated Attendance per Day: Participants \_\_\_\_\_ Spectators \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Is your event approved and sanctioned by the American West 4D?  Yes  No

Have you ever had a liability claim in the last 3 years?  Yes  No

Will Beer, Wine or Liquor be sold or distributed free?  Yes  No

By independent contractors?  Yes  No

Describe \_\_\_\_\_

Will bleachers, platforms, grandstands or stages be used?  Yes  No

Portable  Permanent  Wood  Steel  Concrete  Back and side railings?  Yes  No

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**\*\*I understand that a release must be signed by each participant relieving Am West 4D directors, officers and the event organizers of liability.**

\*Initial Here: \_\_\_\_\_

Please attach a copy of release to this application. Visit [www.aw4d.com](http://www.aw4d.com) for guidelines and examples. Include copy of promotional material, premium book, advertisement, brochures, and website address if available.

**EVENT CALCULATION:** (Do not include setup and dismantling) Submit other events for premium.

<b>American West 4D Special Events – Spectators</b>				
<b>Submit over 250 in attendance for rating</b>				
	Total		Rate	
Barrel Racing Event – Under 100 Attendance		Per Day	\$51.00	\$ _____
Barrel Racing Event – 101 to 250 Attendance		Per Day	\$76.00	\$ _____
Horse Show – Under 100 Attendance		Per Day	\$76.00	\$ _____
Horse Show – 101 to 250 Attendance		Per Day	\$95.00	\$ _____
Additional Insured’s (Premises Owner, etc.)		Per AI	\$25.00	\$ _____
Transaction Fee			\$25.00	\$ <u>25.00</u>
<b>Total Event Cost</b>				\$ _____

I/We hereby make insurance application for the AM WEST 4D sanctioned event(s) shown above. Enclosed is payment for insurance and fees with the AM WEST 4D and Insurance Company. I/We are an AM WEST 4D member in good standing and agree to abide by its rules, regulations and bylaws. 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 or in effect and that the Company requires that I/We obtain certificates of insurance from independent contractors naming member and AM WEST 4D additional insured for coverage to remain in effect. I/We understand any policy issued will not provide Worker’s Compensation, Property, Automobile or Care, Custody and Control coverage. The member/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%).

Complete as early as possible prior to opening date of sanctioned event. I/We agree that, if this application is sent to you by facsimile or other electronic means, you may act upon it whether or not you receive an original hard copy. Coverage is not provided for events, activities or show dates that have not been declared and approved by the insurance company in writing prior to of the event.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**Participant Exclusion:** Injury to hunt, rodeo, racing, vaulting, driving, gymkhana, roping, penning, cutting, hurdling, steeplechase, jousting, polo or rodeo type event participants is not covered.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**Additional Insured's** (if any) Use space provided below if custom wording or requirements are needed

<input type="checkbox"/> <b>Additional Insured /</b> <input type="checkbox"/> Check here if venue is to be added as an additional insured as it is listed above		
NAME		
Mailing Address		
City	State	Zip Code

<input type="checkbox"/> <b>Additional Insured #2</b> (use additional sheet if needed)		
NAME		
Mailing Address		
City	State	Zip Code

**\*Please list any additional information that may be important or helpful:**

**Underwritten By: Allen Financial Insurance Group / The Equestrian Group** [www.EQGROUP.com](http://www.EQGROUP.com)