

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Principal: _____
3. Operating Name of Business/Farm: _____
4. Mailing Address: _____
5. Risk Location (Legal Address): _____
6. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
7. Email: _____ Fax: _____ Website: _____

SECTION 2: UNDERWRITING INFORMATION

1. Operating Name of Horse Show: _____
2. Effective Date: _____ End Coverage Date: _____ (12:01am)
3. How many acres do you lease or own? _____
4. Does the landowner need to be listed as an Additional Insured? Yes No
If yes, please advise their full name and address:

5. Do you serve Food and/or Alcohol?
6. Who provides the night check or security for the premises? _____

Outside services must provide Certificates of Insurance adding the show as an Additional Insured.

7. Type of Show: _____
8. Class of Show: _____
9. Number of Years Experience Running Horse Shows: _____
10. Number of Participants: _____ Number of Spectators: _____
11. Number of Horses Entered: _____
12. Number of Horses Stabled: _____
13. Number of Enclosed Show Rings: _____
14. Number of Warm-up Areas: _____ Number of Enclosed Warm-up Areas: _____
15. Number of Permanent Stalls: _____ Number of Portable Stalls: _____
16. Number of Officials: _____
17. Total Prize Money: _____

18. Are there ambulances or first aid on-site? Yes No
19. Are there any other activities i.e. banquet, fundraiser? Yes No

Copy of Entry Form including Waiver must be attached.

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy #: _____
Property Damage Deductible on prior policy? Yes No Amount: _____
2. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

3. Effective Date: _____
4. Limits of Insurance desired: Commercial General Liability
- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> \$1,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$2,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$3,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$5,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |

SECTION 4: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
Email: _____ Address: _____
Phone: _____ City / Province: _____
Fax: _____ Postal Code: _____