Fry's Equine Insurance Agency 614-875-3755 fax 614-875-1549 info@FrysEquineInsurance.com

APPLICATION FOR HORSE SHOW INSURANCE

REFER TO THE DESCRIPTION OF THE INSURANCE PLAN FOR HORSE SHOWS ON THE REVERSE SIDE OF THE APPLICATION

HORSE SHOW ORGANIZATION (INSURED)				NAME OF SHOW						
SHOW MANAGER OR CONTACT PERSON								TELEPHONE NUMBER		
ADDRESS			CITY	CITY			STATE ZIP CODE			
LOCATION OF SHOW GROUNDS										
SHOW DATE(S)				MOVE-IN DATE			MOVE-OUT DATE			
					1 1			1 1		
CERTIFICATES OF INSURANCE REQUESTED FOR										
Owner of Premises: Name:										
Address/City/State/Zip Code:										
☐ Certificate Holder Only ☐ Additional Insured										
☐ Other (Explain insurable interest, if any):										
Name:										
Address/City/State/Zip Code:										
☐ Certificate Holder Only ☐ Additional Insured, Subject to Company Approval										
\$300,000 / Occurrence \$500,000 / Occurrence \$1,000,000 / Occurrence \$2,000,000 Aggregate \$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED. INQUIRE ABOUT THE AVAILABILITY OF HIGHER LIMITS AND TRIPLE AGGREGATE.										
ESTIMATED ENTRIES ESTIMATED SPECTATORS PER DAY ESTIMATED \$			GROSS GATE RECEIPTS (FOR SHOWS RUNNING MORE THAN FOUR DAYS)							
SEATING ARENA TYPE					SEATING CAPACITY					
☐ Grandstands ☐ Bleachers ☐ Indoor ☐				Outdoor						
					YOUR SHOW RECOGNIZED BY A NATIONAL ASSOCIATION OTHER THAN AHSA					
Yes No Competition # DO YOU OBTAIN A SIGNED RELEASE FROM ALL ENTRANTS					Yes No					
Yes No Please attach a copy of the Release to this application.										
IS THE WARM UP AREA FENCED SECURITY ON SITE								EMT		
☐ Yes ☐ No ☐		Yes		☐ No		☐ Yes	☐ Yes ☐ No			
NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? YES NO INITIAL HERE, PLEASE: NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS? YES 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 raudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.										
APPLICANT'S SIGNATURE	DATE		AGENT'S	AGENT'S SIGNATURE		DATE				
X	1 1		X	X			1	1		
AGENCY NAME				AGENCY	AGENCY CODE			EMAIL ADDRESS		
MAILING ADDRESS				TELEPHO	TELEPHONE NUMBER			FAX NUMBER		
				(())		

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ORIGINAL APPLICATION MUST BE RETURNED

INSURANCE PLAN FOR HORSE SHOWS

NAMED INSURED: The Horse Show Organization, while acting in the scope of their duties.

ADDITIONAL INSURED: The Sponsoring Organization, Individual Committee Members, Officials, Judges, Course Designer, and Premise

Owner with respect to their liability arising from the acts they perform at the direction of and within the scope of

their duties for the insured.

PREMIUM: Premium charge is based on the number of show days, not including the two days which may be required for

preparation, "move-in" and dismantling, "move-out" days. If the public is invited onto the premises, additional

public event days must be declared.

Special premium charges may apply. To obtain premium quotation for shows open five days or longer, detailed

information is required, including estimated total gate receipts for the show, number of spectators per day and

seating capacity.

POLICY TERM: The period required for the preparation and the dismantling of the show, usually one day prior and one day after

the show, effective 12:01 a.m.

IMPORTANT: The insured must require that all independent contractors (including concessionaires on the show grounds)

furnish the insured with a Certificate of Insurance as evidence that Worker's Compensation Insurance and Public

Liability Insurance is in force during the show.

PRINCIPAL COVERAGES: Commercial Liability Coverage - Bodily Injury and Property Damage; Medical Payments; Products/Completed

Works; Fire Legal Liability; Personal and Advertising Injury Liability.

Please Note: Medical payments coverage is provided for all participants providing the insured has secured a

signed Release from each entrant.

THIS IS A BRIEF DESCRIPTION. PLEASE REFER TO THE ACTUAL POLICY AND ENDORSEMENTS FOR

COVERAGE DETAILS.

Complete Application on Reverse Side