Equine Event Liability Application — Argonaut Insurance Company

Exclusivley Underwritten By

American Equine Insurance Group | AEIG

Broker: Fry's Equine Insurance Agency Broker Number: 242

Broker License Number: 614-875-3711 Info@FrysEquineInsurance.com

Policy and/or Renewal #: _____

Requested Effective Date: _____

Note: ***Incomplete applications will be returned to the applicant.***

Applicant: _____ Business Name: _____

Mailing Address: _____ Contact Person: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual ☐ Corporation ☐ Association ☐ Partnership ☐

Location of event if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own ☐ *or* Lease ☐ the facilities utilized by the applicant.

Is applicant currently insured? Yes ☐ No ☐

Most recent or present insurance company: _____ **Annual premium: $** _____

Has the applicant had any liability claims or reported incidents in the past five years? Yes ☐ No ☐

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes ☐ No ☐

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Limits of Liability

Each Occurrence Limit *(Select one)*		**$300,000** ☐	**$500,000** ☐	**$1,000,000** ☐
General Aggregate Limit		**$300,000**	**$500,000**	**$1,000,000**
Fire Damage Limit (Any one Fire)		$50,000	$50,000	$50,000
Medical Payments (Any one Person)		$5,000	$5,000	$5,000
Double Aggregate Limit desired	**Yes** ☐ **No** ☐	**$600,000**	**$1,000,000**	**$2,000,000**
Triple Aggregate Limit desired *(Note: Only available with $1,000,000 Occurrence Limit)*	**Yes** ☐ **No** ☐	**N/A**	**N/A**	**$3,000,000**

Optional Coverages *– Subject to eligibility and underwriting approval.*

Products and Completed Operations desired **Yes** ☐ **No** ☐

Personal and Advertising Injury desired **Yes** ☐ **No** ☐

Additional Insureds

List Additional Insureds and describe their connection to your event: for example, land owners and/or owners of facilities leased. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

Name: *Address:* *Relationship:*

1. _____

2. _____

3 _____

Are dogs permitted at your events? Yes ☐ No ☐

*If yes, please explain your policy regarding dogs:*____________________

Is alcohol permitted at your events? Yes ☐ No ☐

*If yes, describe:*____________________

Is alcohol sold, served, or furnished at your events? Yes ☐ No ☐

If yes, describe:____________________

Note: ***The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.***

Summary of Equine Activities

Indicate below all Event/Show Days. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline *all* show/event activities for coverage consideration. Attach extra pages as necessary.

Standard rating includes one day of setup and one day for takedown per event.

Note: ***If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for event dates that have not been declared to the Company in advance of the event.***

Remember, any events or activities not described / disclosed are not covered.

Event/Show date(s):__________ Description of event:__________

Sanctioning Organization(s):__________ Location of event:__________

Description of event activities:__________

Average number of participants per Show / Event:__________ Average number of spectators per Show / Event Day:__________

Maximum number of participants:__________ Maximum number of spectators:__________

Event/Show date(s):__________ Description of event:__________

Sanctioning Organization(s):__________ Location of event:__________

Description of event activities:__________

Average number of participants per Show / Event:__________ Average number of spectators per Show / Event Day:__________

Maximum number of participants:__________ Maximum number of spectators:__________

Event/Show date(s):__________ Description of event:__________

Sanctioning Organization(s):__________ Location of event:__________

Description of event activities:__________

Average number of participants per Show / Event:__________ Average number of spectators per Show / Event Day:__________

Maximum number of participants:__________ Maximum number of spectators:__________

Event/Show date(s):__________ Description of event:__________

Sanctioning Organization(s):__________ Location of event:__________

Description of event activities:__________

Average number of participants per Show / Event:__________ Average number of spectators per Show / Event Day:__________

Maximum number of participants:__________ Maximum number of spectators:__________

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - 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.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado- 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky - 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.

Maine - 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 denial of insurance benefits.

Maryland - 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.

New Jersey, New Mexico - 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.

Ohio - 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.

Oklahoma - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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.

Tennessee, Virginia, Washington - 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.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

New York - 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.

☐ I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
☐ I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
☐ I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: _____ *Date:* _____

Broker Signature:
(required in NH) _____ *Date:* _____