



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

Equine Special Event Application

Contact Information

Name of Applicant:			
Address:			
City	State	Zip	
Contact Person	Email		
Business Phone	- -	Cell Phone	- -
In business since:	FEIN #	FAX	- -
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:		
Website Address:			

Qualification Questions

Does the event include any Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Owned Equipment, Events outside U.S., Rides, Water Activities? * If so Please Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Armed, Private Security Guards Hired By You or Your Company? *Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hire any sub-contractors? *Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Had Any Liability or Property Losses in the Past 5 years? If yes, please describe on separate sheet of paper	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will alcohol be served at the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) What are the anticipated Liquor receipts?	\$
b) Who is responsible for serving and liability exposure?	<input type="checkbox"/> Applicant <input type="checkbox"/> Outside Vendor
c) What controls are used?	<input type="checkbox"/> Wristbands Used <input type="checkbox"/> Check ID's <input type="checkbox"/> Other (Describe below)
What training have the bartenders had in serving alcohol?	

For Live Music/Concerts DJ Only

Type/Genre of Music: Rap & Hip Hop R&B / Soul Rock Heavy Metal Pop Punk

(Check all that apply) Jazz Country Classical Blue Grass Blues Alternative

Christian Gospel Electronic Other

Artists Name(s)	

Event Details

Event Dates	/ / to / /	Number of Days:				
Set up / Tear down days?						
Type of Event:						
Avg Daily Attendance:	Athletic Participants:	Years Holding Event:				
Venue/Facility Name:		Is Seating Assigned?				
Venue/Facility Address:						
City:		State:	Zip:			
Event Name:						
Event Description:						
Budget: (Total cost of event): \$	Gross Revenue \$	Cost of Admission \$				
Event will be: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors & Outdoors <input type="checkbox"/> Outdoors Partially Covered						
Will there be temporary structures installed? <input type="checkbox"/> Yes <input type="checkbox"/> No By Who: <input type="checkbox"/> Insured <input type="checkbox"/> Subcontractor						
Who is in charge of the security? <input type="checkbox"/> Insured <input type="checkbox"/> Venue <input type="checkbox"/> No Security <input type="checkbox"/> Other						
Number of: Armed Un-Armed Volunteer Police EMT Other						
Have you had any losses or paid claims in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous Insurance Company & Policy Number						
General Liability Basic Limit Offered: \$1,000,000 per occurrence / \$2,000,000 Aggregate						
Responsibility Chart						
	N/A	Venue	Applicant	Independent Contractor	Promoter	Certificate Required?
Security						
Liquor						
Vendors/ Concessionaires						
Pyrotechnics						
Rides						
Live Animals						
Tents						
Temporary Lighting						

Additional Coverage (Optional)

Excess Coverage/Umbrella: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> 4,000,000 <input type="checkbox"/> \$5,000,000		
Event Cancellation: <input type="checkbox"/> Adverse Weather <input type="checkbox"/> Non-Appearance		
Covered Amount: \$ <input type="checkbox"/> Cost/Expenses <input type="checkbox"/> Gross Revenue		
Rented Equipment: \$	Owned Equipment: \$	Third Party Property Damage: \$
Waiver of Subrogation: <input type="checkbox"/> Include	Non-Owned & Hired Auto: <input type="checkbox"/> Include	
Participant Accident / Medical: Max Medical: \$ Deductible \$		

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

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee (use additional sheet if needed)		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

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

12424 N. 32 nd Street #101 Phoenix, AZ 85068 Website: www.eqgroup.com		
602.992.1570 FAX 602.992.8327 Email: Entertainment@eqgroup.com		
Agent/Broker:		Date of

		Application	
Address:			
Contact:		Telephone Number:	
E-Mail		Fax Number:	

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. . I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING

Applicant:	
Signature:	
Print Name:	
Title:	Date:
Agent / Producer:	
Telephone	Email
Print Name:	