

**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.

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Applicant's Name (Please print)

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Title/Position

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Signature of Applicant

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Date (MM/DD/YYYY)

**BROKER CONTACT INFORMATION**

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

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