



HORSE SHOW / EVENT LIABILITY APPLICATION

P.O. Box Pittstown, NJ 08867
908-735-2254 ph, 908-735-2254 fx

POLICY # _____

RENEWAL DATE _____

THIS IS NOT A BINDER

HORSE SHOW / EVENT ORGANIZATION (INSURED)	
NAME OF SHOW / EVENT	
EVENT MANAGER OR CONTACT PERSON	TELEPHONE NUMBER
ADDRESS/CITY/STATE/ZIP CODE	FAX NUMBER
WEBSITE ADDRESS	
EMAIL ADDRESS	

EVENT LOCATION AND PHYSICAL ADDRESS		
EVENT / SHOW DATE(S)	MOVE-IN DATE	MOVE-OUT DATE

CERTIFICATES OF INSURANCE REQUESTED FOR

OWNER OF PREMISES: Proof of Insurance Only Additional Insured

NAME: _____

ADDRESS / CITY / STATE / ZIP CODE: _____

INSURABLE INTEREST (landowner etc): _____

NOTE: Additional Insureds, Subject to Company Approval

REQUESTED LIMITS OF LIABILITY (check one):

\$500,000 PER OCCURRENCE / \$1,000,000 AGGREGATE \$1,000,000 PER OCCURRENCE/ \$2,000,000 AGGREGATE

NOTE: \$5,000 MEDICAL PAYMENTS AND \$100,000 FIRE LEGAL LIABILITY ARE INCLUDED.
HIGHER LIMITS ARE AVAILABLE. PLEASE CALL TO DISCUSS.

ESTIMATED NO. OF PARTICIPANTS PER DAY	ESTIMATED NO. OF SPECTATORS PER DAY	ESTIMATED GROSS GATE RECEIPTS \$
SEATING <input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers	ARENA TYPE <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	SEATING CAPACITY
IS YOUR SHOW SANCTIONED BY USEF <input type="checkbox"/> Yes <input type="checkbox"/> No Competition # _____	IS YOUR SHOW SANCTIONED BY A NATIONAL ASSOCIATION OTHER THAN USEF <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Name: _____	
DO YOU OBTAIN A SIGNED RELEASE FROM ALL PARTICIPANTS <input type="checkbox"/> Yes <input type="checkbox"/> No Attach a copy of the Release to this application.	ARE "WARNING" SIGNS POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
IS THE WARM UP AREA FENCED <input type="checkbox"/> Yes <input type="checkbox"/> No	SECURITY ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	AMBULANCE OR EMT ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST (5) FIVE YEARS? YES NO

IF "YES," PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER. INCLUDE DATE(S), CAUSE OF LOSS AND AMOUNT PAID.

**Please attach a brief description of show/event or enclose the show/event flyer, prize list or program.
(You may provide last year's if event activities are the same.)**

NOTE: THE POLICY WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE FOR PARTICIPANTS IN HUNTS, TRACK

**& MATCH RACING, RODEO EVENTS WITH ROUGH STOCK, VAULTING, POLO MATCHES AND/OR PRACTICES,
WAGON OR CARRIAGE RACES AND JOUSTING**

CYBER/BREACH LIABILITY & EMPLOYMENT PRACTICES LIABILITY

Below are new endorsements that are available. If you would like more information about either endorsement, please call our office to discuss.

Breach Response & Cyber Liability: Cyber insurance can offer broad coverages to help protect your business from various technology-related risks. Breach Response insurance helps your business respond to breaches and can help cover the expenses incurred.

Employment Practices Liability: Employment Practices Liability can cover businesses against claims by workers that their legal rights as employees of the company have been violated. Such claims include wrongful termination, harassment, discrimination etc.

WORKERS COMPENSATION

Do you have any farm/stable employees, working students, volunteers or independent contractors? _____. If yes, do you carry Workers Compensation/Employer Liability insurance? _____. Please note your insurance policy does not provide Workers Compensation Liability Insurance for employees, working students, volunteers or independent contractors that work for you. Keep in mind if you barter, offer housing, exchange services (such as lessons or free board) for work or pay cash, your worker may be considered an employee. You do not have to pay a person for them to be considered an employee. Bartering is a form of payment exchange. Workers Compensation Liability Insurance may be required by law in your State (required by law in New Jersey) if you have workers/employees. By signing below, you are confirming that you understand this may be a requirement in your State (is required in New Jersey) and do not hold Blue Bridle Insurance liable in the event of a claim.

FRAUD STATEMENT:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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.

*Applies in MD Only.

In CO: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, 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.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: 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.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

*****Disclaimer*****

Please be advised that this application represents liability coverage only and does not include any property such as tack, equipment and/or hay. Please call our office to discuss.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE	AGENT'S SIGNATURE X	DATE
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**IMPORTANT – APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED**