

Horse Show & Competition Liability Application

McNAMARA COMPANY

1330 Hwy 96 ~ St. Paul, MN 55110
Phone 651-426-0607 Fax 651-426-5790

Producer: DEBBIE TREADWELL Number: _____

Policy and/or Renewal #: _____

Expiration Date: _____

Desired Effective Date: _____

Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Location of business if different from above. If multiple locations are utilized, please enclose on a separate sheet.

Address: _____ City: _____ State: _____ Zip: _____

Past and/or present Insurance Company: _____ Last Year's Premium: \$ _____

Does Insured: Own Rent Ownership: Individual Corporation Association Partnership

Pay Plan Desired? Yes No Two-Pay Three-Pay Four-Pay

Equestrian Commercial General Liability

Each Occurrence Limit	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
Products and Completed Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Double Aggregate	Yes <input type="checkbox"/> No <input type="checkbox"/>		

List Additional Insureds with relationship descriptions. For example: land owners and/or owners of facilities leased, sponsors of events, etc. 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. _____
4. _____

Definitions and Instructions

- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product your organization is responsible for causes bodily injury or property damage. For example, this coverage would protect your group if you were serving refreshments at a public event day and a third party became ill from them.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.

Standard rating includes one day of set-up and one day for take down 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 show dates that have not been declared to the company in advance of the event.*

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

Has coverage been denied and/or cancelled in the last three years: Yes No

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

Please outline **all** show/event activities for coverage consideration.

Please attach a brief description of shows/events on a separate sheet or enclose a show/event bill or flyer.
You may use last year's flyer if the events are the same.

Any events or activities not described/disclosed are not covered.

Summary of Equestrian 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 last year's flyer. Use extra pages as necessary.

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 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: _____

Location of event: _____

Description of event activities: _____

Average number of competitors per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of competitors: _____ Maximum number of spectators: _____

Sanctioning Organization(s): _____

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

Location of event: _____

Description of event activities: _____

Average number of competitors per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of competitors: _____ Maximum number of spectators: _____

Sanctioning Organization(s): _____

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

Location of event: _____

Description of event activities: _____

Average number of competitors per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of competitors: _____ Maximum number of spectators: _____

Sanctioning Organization(s): _____

Is alcohol permitted, served, or sold at any events? Yes No

If yes, please explain: _____

Are dogs permitted at any events? Yes No

If yes, please explain your club's policy regarding dogs: _____

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

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. No coverage provided for Race Horses and/or Horses in Race Training.

(Must be signed and dated)

Applicant's Signature: _____

Print name and title: _____ Date: _____