GREAT AMERICAN INSURANCE GROUP | AgriBusiness®

Horse Show and Riding Club Application

Application Date _____ Agency Name _____

Address _____

City _____ State/Province _____ Zip _____

Phone _____

Company Use Only: Customer#/SubID _____ Producer# _____

Entity Type: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ _____

Billing: ☐ Direct Bill ☐ Agency Bill Pay Plan: _____

Requested Effective Date _____ Expiration Date _____

If a short-tem event policy ONLY: Set-up Date _____ Tear Down Date _____

Applicant Information

Named Insured _____

☐ Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*

Mailing Address _____

City _____ State/Province _____ Zip _____

County _____ Phone# _____ FEIN# _____

Web Address _____ Email _____

Inspection Contact Name _____ Phone# _____

Coverages to be quoted

☐ Liability ☐ Property ☐ Excess Liability

General Underwriting Questions

Loss History ☐ **None**

(List all losses for the past 5 years that affect coverage lines requested above)

Date	Coverage Line	Description	Paid	Open	Closed
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Prior Carrier Information

Coverage Line	Company	# of years	Expiring Premium
Liability			
Umbrella			

General Underwriting Questions *Continued*

		Yes	No
1.	Are you age 18 or over?	☐	☐
2.	Have you been declined, cancelled or non-renewed in the past 3 years? **If yes,** explain _____	☐	☐
3.	Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	☐	☐
4.	During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?	☐	☐

Location Schedule ☐ Additional Locations Supplemental Attached PC = Protection Class

Street Address	City/State/Province	County	Zip	PC	Owned	Acres
					☐	
					☐	
					☐	
					☐	

Farm Personal Property

☐ Additional Schedule Farm Personal Property Supplemental Attached

Deductible: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other

Cause of Loss: ☐ Basic ☐ Broad ☐ Special ☐ Replacement Cost on Scheduled Office Contents

	Location	Year/Make/Model OR Description	Serial #	Limit
1				
2				
3				
4				

Loss Payee Schedule ☐ Additional Loss Payee Supplemental Attached

(For Item # Use the number corresponding to that particular Farm Personal Property item above)

Name	Address	Item #

General Liability Underwriting Questions

Company Use Only _____

Limits: ☐ $100,000/200,000 ☐ $300,000/600,000 ☐ $500,000/1,000,000 ☐ $1,000,000/$2,000,000

1. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

☐ Pony Rides/Petting Zoo
☐ Hay/Carriage/Sleigh Rides
☐ Public Horse Rentals/Trail Rides
☐ Golf Cart Rental to participants spectators
☐ Rodeos
☐ Polo/Horse Ball
☐ Gymkana/Mounted Games
☐ Mounted Shooting
☐ Fox Hunting
☐ Trail Rides *(non-club members are allowed)*

Please explain any checked activities.

	Yes	No
2. Is Unlicensed Farm Vehicle Liability Coverage needed?	☐	☐
How many vehicles? _____		

Additional Insureds ☐ Additional Loss Payee Supplemental Attached

Name/Address	Relationship to Insured

Riding Clubs ☐ **Not Applicable**

	Yes	No
1. Does the club own or rent any premises on a long-term basis? **If yes,** and Property Coverage is required, please attach applicable pages of the Farm Dwelling & Farm Outbuilding Supplemental.	☐	☐
2. What is the maximum number of individual club members each year? (*Not Family Memberships)*		
3. Does the club offer boarding for club members' horses? **If yes,** what is the number of horses boarding both in stalls and in pastures? _____	☐	☐
4. Does the club hold equine events such as Horse Shows, Clinics, Hunts, etc? **If yes,** please fill out the Equine Events Section below.	☐	☐
5. Please describe any fundraising activities conducted by your club.		
6. Does the club maintain any public trails? **If yes**, please describe.	☐	☐

Equine Events *(Horse Shows, Trail Rides, Clinics, Hunts, etc)* ☐ **Not Applicable**

	Yes	No
1. Do you manage/sponsor any equine events on your premises?	☐	☐
Off Premises?	☐	☐

General Liability Underwriting Questions *Continued*

2. **Equine Event Schedule**

Name of Event	Type of Event	Event Date(s)	Avg # Participants Per Day	Avg # Spectators Per Day

	Yes	No
3. Waive Athletic Sports Participants Exclusion? *(The Athletic Sports Participant Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, and rodeo type events.)*	☐	☐

4. What is your policy for dogs at the event?

5. Do you have bleachers or grandstands? Construction _____ Height _____ Seating Capacity _____ ☐ Owned ☐ Rented	☐	☐
6. Do you sell feed, grain, hay or shavings to participants? Annual Receipts _____	☐	☐
7. Do you provide RV or camper hookups during these shows? Number of Hookups _____ Annual Receipts _____	☐	☐
8. Do you directly provide concessions during these events? Annual Receipts _____ **If yes,** explain _____ Annual non-liquor Receipts _____ Do you sell any alcoholic beverages?	☐ ☐	☐ ☐
9. Do you have vendors on the premises during these events? **If yes,** explain items sold _____	☐	☐

10. Describe any entertainment/activities managed by you at the event *(other than equine-related)*.

Risk Management Controls *(Required for General Liability)*

	N/A	Yes	No
Review http://www.horse-insurance.com/law.html for state requirements.			
Certificate of Insurance on file for Independent Contractors *(Clinics).*	☐	☐	☐
Certificate of Insurance obtained from all Vendors *(Equine Events).*	☐	☐	☐

Risk Management Controls *Continued*

	N/A	Yes	No
Release/Hold Harmless agreement in use *(All Exposures).*	☐	☐	☐
Boarding Contract in Place *(Boarding).*	☐	☐	☐
State Equine Liability Signs Posted *(All Exposures with owned/leased premises).*	☐	☐	☐
24 Hour Supervision of facility *(All Exposures with owned/leased premises).*	☐	☐	☐

Umbrella Section

☐ **Coverage is not desired**

1. Requested Limit of Insurance: ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000

2. Schedule of Underlying Insurance ☐ Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limit
☐ Great American ☐ _____ Policy# _____ Eff _____ to _____	General Liability ☐ Farm ☐ Commercial ☐ Personal	$ _____ General Aggregate $ _____ Products/Completed Ops $ _____ Personal & Advertising Injury $ _____ Each Occurrence

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Application Signature _____ **Date** _____

Agent's Signature _____ **Date** _____

License # _____