



# THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

## Extreme Cowboy Sanctioned Event Application

### Contact Information

Name of Applicant:			
Address:			
City		State	Zip
Contact Person		Email	
Business Phone		Cell Phone	
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

Is this event sanctioned by Extreme Cowboy Association?	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	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Event Details

Event Dates	to	Total Number of Days:	
Set up / Tear down days?	One day allowed for each		
Type of Event:			
Avg Daily Attendance:	Participants Per Day:	Spectators Per Day:	
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			

# Equine Commercial General Liability

\$1,000,000	Per Occurrence
\$2,000,000	General Aggregate
\$1,000,000	Products & Completed Operations
\$1,000,000	Personal Injury and Advertising Injury
\$50,000	Fire Legal Liability
\$5,000	Medical Payments

## Who Is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Capitol Indemnity Insurance Company (A Rated & Admitted).

## Coverage Includes Suits Arising Out Of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- General negligence claims

## Exclusions

Claims made by athletic participants, abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

## PREMIUM SUMMARY

\$	Event Liability Premium
\$	AEA Safety Group Fee
\$	Premium Taxes
	Total Annual Premium

This premium quotation is based upon application sent to AFIG for quotation. No flat cancellations.  
Make payment at [https://www.eggroup.com/customer\\_service/](https://www.eggroup.com/customer_service/)

## BINDING REQUIREMENT

SIGNED ORIGINAL APPLICATION REQUIRED TO BIND / ISSUE  
FULL PREMIUM  
COPY OF LIABILITY RELEASE

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

<input type="checkbox"/> <b>Additional Insured</b> / <input type="checkbox"/> <b>Loss Payee</b>		
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"/> <b>Additional Insured</b> / <input type="checkbox"/> <b>Loss Payee</b> (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:**

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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. 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: _____