



Agent Name, Address & Telephone #:

GLOBAL INSURANCE ALLIANCE INC. WP
 13633 N. Catclaw Ct. Fountain Hills, AZ 85268
 480-816-5665 (Fax) 480-837-5641 www.globalinsaz.com

Horse Show/Event Liability Application

Insured Name and Address		Policy Number: _____
_____		Agent Name: _____
_____		Agent Number: _____
_____		Agent Phone #: _____
_____		Agent Fax #: _____
Phone Number (Day): _____		Agent E-mail: _____
(Evening): _____		Policy Period: From _____ to _____
Fax #: _____	E-mail: _____	Payment Plan: <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill

1. Location of show/event if different from the address listed above (if multiple locations are utilized, please attach a separate sheet): _____
2. Does the applicant: Own Lease Rent (check one) the premises for the show/event?
3. Applicant is an: Individual Corporation Partnership Association

Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____
Additional Insured Name: _____	Relationship: _____

4. Average number of spectators per day: _____. Average number of participants per day: _____
5. Sanctioning Organization and type of show/event: _____
6. Type of non-sanctioned shows/events: _____
7. Total number of show/event days per year: _____. List all show/event days: _____
8. Do you obtain signed releases from all participants? Yes No (If 'yes', please supply a copy.)
9. Do you have an EMT at the show? Yes No

Note: If dates have not been set, *Prior Written Notice* of the show/event must be received in our office prior to the show/event date. Coverage is not provided for dates that have not been declared to the Company in advance of the show/event.
(Two extra days for set-up and one extra day for take down are included for horse shows).

Previous Information

1. Past and/or present Insurance Company: _____ Coverage Period: _____
2. HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? Yes No
 If 'yes', please supply approximate dates, description of loss and amounts paid: _____
3. Have you had coverage cancelled or refused in the past 3 years? Yes No
 If 'yes', please explain: _____

Coverage Limits

Coverage E: Tack Coverage, Coverage / H: Bodily Injury and Property Damage Liability
 Coverage I: Personal Injury and Advertising Injury Liability

Occurrence/Aggregate Limit (Check One Limit for Coverage H & I)	Tack Coverage (Coverage E) (Check Limit Desired)	Declination of Coverage I Check appropriate space below if you wish to decline all of Coverage I or just Advertising Injury Liability Coverage.
<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> I Decline Personal & Advertising Injury Liability Coverage.
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> I Decline Tack Coverage	<input type="checkbox"/> I Decline Advertising Injury Liability Coverage only.

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Are Available Upon Request. Higher Limits for Tack Coverage is Available. Complete Tack Coverage Supplemental Schedule.

No Coverage will be provided for Horse Races.

All Applications Must Be Signed And Dated.

FRAUD NOTICES AND APPLICANT'S SIGNATURE

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

_____	_____
<i>Applicant's Signature</i>	<i>Date</i>