



SECTION 1: APPLICANT INFORMATION

- 1.1. Event Name \_\_\_\_\_ Client Code: \_\_\_\_\_
1.2. Competition Manager/Contact \_\_\_\_\_
1.3. Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
1.4. Competition Manager/Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_
1.5. Event Location Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
1.6. Event Website Address: \_\_\_\_\_

SECTION 2: COMPETITION INFORMATION

- 2.1. Actual competition days: \_\_\_\_\_ thru \_\_\_\_\_
2.2. Do you wish to be insured for set-up and take-down days? \_\_\_ YES \_\_\_ NO
2.3. If yes, please list dates; first day of set-up \_\_\_\_\_ -- Last day of take-down \_\_\_\_\_
2.4. Estimated number of entries: \_\_\_\_\_ Estimated number of spectators per day: \_\_\_\_\_

SECTION 3: UNDERWRITING INFORMATION

- 3.1. Has this competition incurred any prior liability claims within the last 5 years? \_\_\_ YES \_\_\_ NO
3.2. Are dogs permitted at any events/competition you host? \_\_\_ YES \_\_\_ NO
3.3. Is liquor sold, served, or furnished at your events? \_\_\_ YES \_\_\_ NO
3.4. Does the show require a signed release or waiver from all competitors? \_\_\_ YES \_\_\_ NO
3.5. Do you allow someone other than the competitor to sign the release form? \_\_\_ YES \_\_\_ NO
3.6. Are you using the NATRC Release Form? \_\_\_ YES \_\_\_ NO

SECTION 4: OPTIONAL ACTIVITIES \_\_\_ YES (Coverage requested) \_\_\_ NO Insurance coverage available for optional activities.

- 4.1. Optional Activities (select):
Clinics, # days of clinics \_\_\_\_\_ Other: \_\_\_\_\_ (submit for rating)

SECTION 5: PREMIUM WORKSHEET

Table with 3 columns: Description, Rate, and Total. Includes rows for Event Liability/Accident Insurance, \$2,000,000 general aggregate, Additional Set-up and Take-down days, and Clinics/Other- Submit for Rate.



NATRC SPECIAL EVENT LIABILITY & ACCIDENT PROGRAM

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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: Any person who knowingly, and with intent to defraud any insurance company or other 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 LOUISIANA 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 MAINE APPLICANTS: 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 or a denial of insurance benefits.

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 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.

The insurer shall not offer an optional extension period for this policy in New Mexico.

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: 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 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

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 subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

AUTHORIZED SIGNATURE/TITLE \_\_\_\_\_ DATE \_\_\_\_\_
PRINT NAME: \_\_\_\_\_



CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please Type or Print Clearly.

Event Name \_\_\_\_\_

\_\_\_\_\_ Please Issue Same Certificates as Expiring

- **Additional Insured's:** if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim.
- **Proof of insurance:** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
 Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
 Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
 Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* NATRC Will automatically be added as an additional insured Sponsor.



**PAYMENT OPTIONS FORM**

*\*Please select only one payment option and Return form with completed application*

*\*Please print legible*

Event Name\* \_\_\_\_\_

Applicant's Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ City \* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_ \* required

Select option and complete payment information below:

**OPTION 1: Request Quote Only (No payment enclosed)**    \_\_\_ Yes    \_\_\_ No

**OPTION 2: Full Payment**    \_\_\_ Yes    \_\_\_ No

\_\_\_ **Credit Card** (check one):    \_\_\_ VISA or    \_\_\_ MasterCard    **Amount Authorized \$** \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration date: \_\_\_\_/\_\_\_\_

Signature as shown on Credit Card \_\_\_\_\_

*We do not accept American Express or Discover*

\_\_\_ **Check or Money Order** - enclosed for full premium of: \$ \_\_\_\_\_



# NORTH AMERICAN TRAIL RIDE CONFERENCE

## Event Liability and Accident Programs Summary of Insurance Coverage



### Event Liability Coverage

#### \* Who is Insured

The Equine Competition/Special Event that has purchased coverage, any additional "Insured" added an identified in the schedule, Show or event managers, officials and show committee members (but only with respect to their duties as such), Employees, any Volunteer and participants at the insured show or event (but only in respect of "occurrences" arising out of their participating in such show or event).

#### \* Insuring Agreement

The sums you become legally obligated to pay for damages because of bodily injury or property damage while you are engaged in a covered activity. Covered activity means only such activities specified in the schedule of insurance for with coverage has been agreed and a premium paid. Any person(s) using or operating or legally responsible for the use or operation of the Golf Carts or Off-road Vehicles loaned or rented to others by you or any of your concessionaires, but only for their liability, as herein defined, arising out of the use or operation of the Golf Carts or Off-road Vehicles. However, no unlicensed operator or operator under 16 years of age shall be considered as "Insured".

#### \* Limits

Occurrence Limit: \$1,000,000  
General Aggregate Limit: (Other than Products/Completed Operations) \$1,000,000  
Product/Completed Operations Aggregate Limit: \$1,000,000  
**THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE:**  
Personal & Advertising Injury Limit: \$1,000,000 any one person  
Fire Damage Limit: \$100,000 any one fire  
Property Damage Limit: \$100,000 any one show for property rented or loaned to you or in your care, custody, or control (other than "horses")  
Horse Limit: \$50,000 any one "horse" in your care, custody or control, subject to \$100,000 aggregate  
Medical Payment Limit: \$5,000 any one person

#### \* Policy Effective Date

Coverage is effective during the agreed event days as well as declared set-up and take-down days as requested on the application for insurance.

#### \* Exclusions

Workers Compensation, Employment Liability, Pollution, War, Damage to Property you own, Electronic Data, Violation of Statutes, Abuse or Molestation, Professional Services, Mold. This is not a complete list of exclusions; please see the Master Policy.

### Accident & Medical Coverage for Volunteers & Officials

#### \* Who is Insured

Volunteers and participants including; stewards, judges and the like while officiating at the event. Age 12 to 75.

#### \* Insuring Agreement

Coverage would apply if an "insured" sustains bodily injury during the policy term at a covered activity see schedule of benefits.

#### Schedule of Benefits

##### Maximum Benefit Highlights

Death benefit\* \$30,000  
\*(for ages 18 and over only)  
Under 18 years of age \$3,750  
Permanent Total Disability \$50,000  
Medical Expenses \$10,000 deductible \$250 each claim  
Temporary Total Disability \$150/wk up to 52 weeks

Temporary Total Disability waiting period requirement is one week. Maximum benefit period is 52 weeks. Medical Expenses are in excess of any other valid and collectible medical expense insurance and are subject to a \$250 deductible each claim.

If you have questions about the coverage or would like more information please call

**720-390-7500**

To apply for coverage or receive a written quote, complete the enclosed application and return to Equisure Inc. All coverages are subject to the applicable taxes and fees. The above information is for illustration only. The insurance policy/certificate and application set forth the terms and conditions which apply