EQUINE EVENT APPLICATION

Application Date:	

Company Use Only	
Customer#/SubID:	
Producer#:	

Agency	
Name/ Address:	APX Insurance 4037 Pine Grove Road Versailles, KY 40383
Phone#:	(859)533-5633

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

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

Requested Effective Date:	
Requested End Date:	

Bill To: ☐ Insured

APPLICANT INFORMATION

Name Insured:					
☐ **Additional Named Insured Supplemental Attached (Required for multiple Named Insureds)**					
Mailing Address:					
County:		Phone#:		FEIN#:	
Web Address:		Email:			

Please quote: ☐ Liability ☐ Umbrella

GENERAL UNDERWRITING QUESTIONS

Prior Carrier Information:

Coverage Line	Company	# of Years	Expiring Premium

1. Have you been declined, canceled or non-renewed in the past 3 years? ☐ Yes ☐ No
   If yes, explain:_____
2. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? ☐ Yes ☐ No
3. How many years since this event occurred? _____
4. Has the event incurred any claims in the past 5 years? ☐ Yes ☐ No

LOCATION SCHEDULE ☐ **Additional Locations Supplemental Attached** **PC = Protection Class**

	Street Address	City/State	County	Zip	PC	Owned	Acres
1.							
2.							

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**

ADDITIONAL INSUREDS ☐ **Supplemental Additional Insureds Schedule Attached**

Name/Address	Relationship to Insured

EVENTS ☐ Not Applicable

1. Event Name: _____
2. Number of spectators per day: _____ Number of participants per day: _____
3. Dates of the Event: _____
4. Set-up Starts: _____ Take Down Ends: _____
5. Types of Event: _____
6. Do you have bleachers or grandstands? ☐ Yes ☐ No Construction: _____
   Height: _____ Seating Capacity: _____ ☐ Owned ☐ Rented
7. Do you sell feed, grain, hay or shavings to participants? ☐ Yes ☐ No Receipts: _____
8. Do you provide RV or camper hookups during this event? ☐ Yes ☐ No
   Number of hookups: _____ Receipts: _____
9. Do you directly provide concessions during this event? ☐ Yes ☐ No Receipts: _____
   If yes, explain: _____
   Non-Liquor Receipts: _____ Liquor Receipts: _____
10. Describe any entertainment/activities at the event other than equine-related:
    _____
11. What is your policy for dogs at the event?
    _____

RISK MANAGEMENT CONTROLS (Required for General Liability and Care, Custody, Control)

Review http://horse-insurance.com/law.html for state requirements

	YES	NO	N/A
Certificate of Insurance obtained from any Vendors	☐	☐	☐
All Participants sign a Release/Hold Harmless agreement	☐	☐	☐

UMBRELLA SECTION

Please provide copies of all non-Equidae policies (A-rated carriers only) for which umbrella coverage is requested

☐ **COVERAGE IS NOT DESIRED**

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

APX INSURANCE

STATEMENT OF NO LOSS

Name: _____

Address: _____

Re: New Application

To Whom It May Concern,

_____ and/or _____ have not
Name Insured Responsible Party
sustained a loss or have had any claims against us in the past five (5) years. We have no knowledge or reason to anticipate a future claims or loss.

Sincerely,

Signature of Responsible Party: _____

Name of Responsible Party: _____

Title: _____

Date: _____

FRAUD STATEMENTS

READ and INITIAL next to the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

Initial	State	Fraud Statement
	ALABAMA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
	ARKANSAS	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.
	COLORADO	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 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.
	FLORIDA	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
	KENTUCKY	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.
	MAINE	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.
	MARYLAND	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	NEW JERSEY	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
	NEW MEXICO	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.
	NEW YORK	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For policies covering the peril of fire or explosion, the proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of any material fact or circumstances shall be grounds to rescind the insurance policy.
	OHIO	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.

	PENNSYLVANIA	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.
	TENNESSEE	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.
	VIRGINIA	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, fine and denial of insurance benefits.
	WASHINGTON	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.
	GENERAL: AZ, CA, DE, ID, IN, MN, NH, TX, UT	Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

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.

Applicant's Signature: _____

Print Name: _____ **Date:** _____

Agent's Signature: _____ **Date:** _____

Agent's License #: _____

WHEN SUBMITTING THIS DOCUMENT, ALSO INCLUDE:

- ☐ **Show Schedule / Prize List**
- ☐ **Sample Entry Form**