

AMERICAN EQUESTRIAN ALLIANCE

HORSE SHOW / SPECIAL EVENT APPLICATION
\$1,000,000 COMBINED SINGLE LIMIT - \$250 BI/PD Deductible
(AHSA, PCHSA, USPA, ADA, PRCA Approved)

Member Name _____

Member is: [] Individual [] Partnership [] Corporation [] LLC [] Other _____

Event Manager(s) _____

Name of Show _____ Type of Event _____

Telephone _____ FAX _____ Email _____

Member Mailing Address _____

City _____ County _____ State ____ Zip Code _____

Event Location Address _____

City _____ County _____ State ____ Zip Code _____

Name & Address of Premises Owner or additional Sanctioning Organization to be included as additional insured:

Mailing Address _____

City _____ County _____ State ____ Zip Code _____

Horse Show / Event Dates: Open _____ Close _____ Setup _____

Estimated Daily Attendance: Participants _____ Spectators _____ Seating Capacity _____

Is your show recognized by the AHSA? [] Yes [] No AHSA Show Number _____

Have you ever had a liability claim in the last 3 years? [] Yes [] No

Will Beer, Wine or Liquor be sold or distributed free? [] Yes [] No

By independent contractors? [] Yes [] No

Describe _____

Will bleachers, platforms, grandstands or stages be used? [] Yes [] No

Portable [] Permanent [] Wood [] Steel [] Concrete [] Back and side railings? [] Yes [] No

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Do you obtain a release signed by each participant relieving you and AEA of liability? Yes No

Please attach a copy to this application. Visit www.americanequestrian.com for guidelines and examples. Include copy of promotional material, premium book, advertisement, brochures, website address and liability release or waiver.

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|------------------|----------------------------------|--|--------------------------------------|--|
| TYPE OF
EVENT | <input type="checkbox"/> Clinic | <input type="checkbox"/> Schooling Show | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Hay / Carriage Ride |
| | <input type="checkbox"/> Auction | <input type="checkbox"/> Rodeo Event | <input type="checkbox"/> Pony Ride | <input type="checkbox"/> Guided Trail Ride |
| | <input type="checkbox"/> Parade | <input type="checkbox"/> Cutting / Penning | <input type="checkbox"/> Gymkhana | <input type="checkbox"/> Barrel Racing |
| | <input type="checkbox"/> Roping | <input type="checkbox"/> Bull Riding | <input type="checkbox"/> Other _____ | |

EVENT CALCULATION: (Do not include setup and dismantling) AEA Membership No. _____

Total Event Days _____ X Daily Rate \$ _____ + Membership \$50.00 = Amount Due \$ _____

I/We hereby make application for association membership and participation sanctioning for the event(s) shown above. Enclosed is payment for dues, insurance and sanctioning fees with the American Equestrian Alliance. I/We agree to abide by its rules, regulations and bylaws. Membership begins January 1, or application and acceptance date if later and expires on December 31, of current year.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that failure to comply with any rule or safety requirement will void any coverage afforded. I/We understand and agree that this application shall form part of any policy issued or in effect and that the Company requires that I/We obtain certificates of insurance from independent contractors naming member and American Equestrian Alliance additional insured for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation, Property, Automobile or Care, Custody and Control coverage. The member/insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable.

Complete as early as possible prior to opening date of sanctioned event. I/We agree that, if this application is sent to you by facsimile or other electronic means, you may act upon it whether or not you receive an original hard copy. Coverage is not provided for events, activities or show dates that have not been declared and approved by the insurance company in writing prior to of the event.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Participant Exclusion: Injury to hunt, rodeo, racing, vaulting, driving, gymkhana, roping, penning, cutting, hurdling, steeplechase, jousting, polo, rodeo or equestrian type event participants is not covered.

I/We agree that, if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We authorize Allen Financial Insurance Group (AFIG) to collect payment through Electronic Funds Transfer from a financial institution or approved credit card. I understand that the inability of AFIG to make this collection will result in immediate cancellation of my insurance policy. I/We also agree that by signing this authorization I/We are guaranteeing payment in full of the above-mentioned insurance policy and other related services.

I authorize you to charge the amount of: \$ _____ to my Visa Mastercard Expire _____

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Date _____ Signature _____

Quote _____ Process _____ End _____