



## **IMPORTANT NOTICE REGARDING EVENT DATES!**

As indicated on the application, the exact dates of all events hosted by you must be declared in writing and approved by the insurance company in advance of the event date in order for coverage to apply for that event. Coverage is not provided for event dates that have not been declared to and approved by the company in advance of the event .

Events requiring prior notification include, but are not limited to, on or off-premises clinics, sanctioned or non-sanctioned horse shows, hunt days, parades, rodeos, gymkhanas, fundraisers, etc. that are hosted by you. Events that you attend but do not host do not require prior written notification.

Notification may be faxed to the attention of EIS Customer Service at (866) 207-6953. You may also notify us by email at either of the addresses listed below. Your notice should contain the Insured's name (as listed on the policy), policy number, event date(s), location and description of the event, anticipated number of participants and spectators and whether this is a new or rescheduled event. For your convenience, you may use the event notification form on the following page.

Events that have been cancelled or rescheduled must be made known to us within one week of the original event date scheduled, and before the makeup date occurs. Failure to provide advance written notification to us of any event date will result in no coverage provided by us for that event.

Please be sure to notify us as early as possible, as some types of events may require an additional application supplement to be completed. Additionally, not all events may qualify for coverage. Early notification will allow us the time we need in order to make other coverage arrangements if your event does not qualify for coverage under this liability policy.

### ***Event Notification Contacts***

- **Kim Wright , Customer Service Agent**  
(800) 723-9414 x2331 - tel  
(866) 207-6953 - fax  
kim@insureyourhorse.com
  
- **Becky Gregory, Customer Service Agent**  
(800) 723-9414 x2310 - tel  
(866) 207-6953 - fax  
becky@insureyourhorse.com

# CGL, Club & Event Liability – Additional Event Dates

## EQUINE INSURANCE SPECIALISTS

3301 W. Purdue Avenue, Post Office Box 151  
Muncie, Indiana 47308-0151

TEL: 800-723-9414 FAX: 866-207-6953  
www.insureyourhorse.com



Producer: \_\_\_\_\_ Number: 252.100

Current Policy #: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

**Submit early to avoid missing event dates.**

Insured: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Summary of Additional Event Activities

Indicate below all additional Event/Show Days to be added to your liability policy. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

**Note:** *If dates have not been set, Written Notice of the event must be received in our office and approved prior to the event date. Coverage is not provided for dates that have not been declared to and approved by the company in advance of the event.*

**Remember, any events or activities not described/disclosed and approved are not covered.**

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

*List Additional Insureds with relationship descriptions. For example: land owners and/or owners of facilities leased, sponsors of events, etc. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to event: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*(Must be signed and dated)*

Insured's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_