



SPECIALTY PROGRAM INSURORS Phone: 1-800-338-3313
4300 Shawnee Mission Pkwy, Fairway, KS 66205 www.rodeoinsurance.com

HORSE ACTIVITY LIABILITY APPLICATION – AVA Recognized Competitions

Named Insured: _____

Address/City/State/Zip: _____

Contact: _____ E-Mail: _____

Phone: _____ Fax: _____

Prior Insurance Carrier: _____

Claims: _____

ADDITIONAL INSURED

Name: _____

Address/City/State/Zip: _____

Please circle one of the following: Landowner Sponsor Other: _____

Type of Activity: _____

Name of Event: _____

Location of Event: _____

Date Insured(s) will assume control of premises: _____

Event Dates: _____ Total Number of Days: _____

Limit of Liability: \$1,000,000 Total Premium Due* (\$210.00/ event day): _____

*** Coverage is available for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Act of 2002. Please call for rates.**

CASHIERS CHECK OR MONEY ORDER PAYMENT MUST ACCOMPANY THIS REQUEST FORM. MAILING ENVELOPE (POSTMARK) MUST REFLECT ADVANCE PAYMENT OF THE EFFECTIVE DATE OF COVERAGE.

Please check after reviewing the accompanying Fraud Statement.

Date Requested _____ Signature of Requesting Party _____