

AMERICAN WEST 4D BARREL RACING ASSOCIATION



HORSE SHOW / CLINIC / SPECIAL EVENT APPLICATION

\$1,000,000 COMBINED SINGLE LIMIT

American West Member Name _____

Member is: Individual Partnership Corporation LLC Member # _____

Event Manager(s) _____

Name of Show _____ Type of Event _____

Telephone _____ FAX _____ Email _____

Member Mailing Address _____

City _____ County _____ State ____ Zip Code _____

Event Facility Name _____

Location Address _____

City _____ County _____ State ____ Zip Code _____

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

Mailing Address _____

City _____ County _____ State ____ Zip Code _____

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

Estimated Daily Attendance: Participants _____ Spectators _____ Seating Capacity _____

Is your event approved and sanctioned by the American West 4D ? Yes No

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 If Yes please give details.

By independent contractors? Yes No

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

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

I understand that a release must be signed by each participant relieving Am West 4D

Mail or Fax to: P.O. Box 9957 Phoenix, AZ 85068

800.871-9191 FAX (480) 452-0593 www.AW4D.com

Form AmWest-210 (06/07)

AMERICAN WEST 4D BARREL RACING ASSOCIATION

directors, officers and the event organizers of liability.

Initial Here: _____

Please attach a copy of your liability release to this application. Visit www.aw4d.com for guidelines and examples. Include copy of promotional material, premium book, advertisement, brochures, website address and liability release or waiver.

EVENT CALCULATION: (Do not include setup and dismantling) Submit other event types for premium.

American West 4D Special Events Submit over 250 Participants / Spectators for rating

	Total	Per Day	Rate	
Barrel Racing Event – Under 100 Spectators		Per Day	\$51.00	\$ _____
Barrel Racing Event – 101 to 250 Spectators		Per Day	\$76.00	\$ _____
Horse Show – Under 100 Spectators		Per Day	\$76.00	\$ _____
Horse Show – 101 to 250 Spectators		Per Day	\$95.00	\$ _____
 Additional Insureds		Per AI	\$25.00	\$ _____
Transaction Fee			\$25.00	\$ _____ 25.00
Total Event Cost				\$ _____

I/We hereby make insurance application for the AM WEST 4D sanctioned event(s) shown above. Enclosed is payment for insurance and fees with the AM WEST 4D and Insurance Company. I/We are an AM WEST 4D member in good standing and agree to abide by its rules, regulations and bylaws. 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 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 AM WEST 4D 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. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

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 or rodeo type event participants is not covered.

Date _____ Signature _____

Underwritten By: Allen Financial Insurance Group / The Equestrian Group www.EQGROU.com

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

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