



Pony Club East Coast Championships
Tryon International Equestrian Center | Mill Spring, NC
July 26 - 29, 2018

2018 PONY CLUB EAST COAST CHAMPIONSHIPS TRADE FAIR VENDOR INSURANCE DECLARATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

Description of product and/or service to be sold/exhibited: \_\_\_\_\_

Dear Exhibitor:

Tryon Equine Insurance Services, a Division of Main Street Insurance Group, is offering premises liability coverage for exhibitors at the Pony Club East Coast Championships under a master policy. Coverage and limits are below:

Certificate Number:

Table with 3 columns: Coverage Form, Policy Limits, and Amount. Includes Occurrence, Each Occurrence Limit (\$1,000,000), General Aggregate Limit (\$2,000,000), and Products/Completed Operations Aggregate Limit (EXCLUDED).

THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE:

Table with 3 columns: Limit Type, Amount, and Description. Includes Personal & Advertising Injury Limit (\$1,000,000.00), Fire Damage (\$50,000.00), and Medical Payment Limit (\$5,000.00).

Liquor liability is specifically excluded. Liability limits will be shared by all vendors. If you choose not to participate in this policy, a Certificate of Insurance, as contractually specified is required.

Please sign and return this form with your payment, signifying your consent to participate in this voluntary insurance program.

- List of 5 bullet points detailing coverage terms, premium, exclusions, and property coverage.

Please issue coverage in accordance with this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:**

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Name as it appears on the card: \_\_\_\_\_

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Credit Card Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I verify that the information provided above is correct and authorize use of this credit card for the one-time  
payment of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_