

# APPLICATION FOR AKC CLUB LIABILITY/ACCIDENT INSURANCE PROGRAM

Exclusively for member, licensed and sanctioned clubs of the American Kennel Club.

CLUB NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT NAME & TITLE: \_\_\_\_\_

Mailing Address: (Contact) \_\_\_\_\_

STREET

CITY/STATE

ZIP

Physical Address: (Contact) \_\_\_\_\_

STREET

CITY/STATE

ZIP

Club Website: \_\_\_\_\_ Email Address \_\_\_\_\_

IF NEW POLICY DESIRED EFFECTIVE DATE: \_\_\_\_\_

## UNDERWRITING QUESTIONS (please answer completely)

1. NUMBER OF CLUB MEMBERS \_\_\_\_\_
2. IS YOUR CLUB AFFILIATED WITH AKC? \_\_\_\_\_
3. DO YOU EVER USE LIVE AMMUNITION DURING AN EVENT?  Yes  No
4. DO YOU EVER USE HORSES DURING AN EVENT?  Yes  No
5. DOES YOUR CLUB HOST ANY EVENT WITH MORE THAN 10,000 SPECTATORS?  Yes  No  
*If yes, please provide name of event and dates event will be held:*  
\_\_\_\_\_
6. DO YOU HAVE "MEMBER CLUBS"?  Yes  No *If so, each club will need to purchase liability in that club's name, as only the named insured (your club) is provided coverage under this policy.*
7. HAVE YOU HAD ANY LOSSES OR CLAIMS IN THE LAST 5 YEARS?  Yes  No  
*If yes, please provide description on separate sheet of paper and attach to application*
8. PLEASE SELECT ALL TYPES OF EVENTS SPONSORED  
 MEETINGS  SHOWS  MATCH SHOWS A OR B  FUN MATCHES  TRAINING  OBEDIENCE  
 FIELD TRIALS  LURE TRIALS  CLASSES/SEMINARS  HUNTS/HUNT TESTS  BREED RESCUE  AGILITY  RALLY  
OTHER: \_\_\_\_\_

## FRAUD WARNING NOTICES

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. The insurer shall not offer an optional extension period for this policy in New Mexico.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

**THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.**

**THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.**

**NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.**

**THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.**

Date	Printed Name
	Signature

**Please refer to the Master Policy for Specific Policy Terms, Conditions and Exclusions.**

**Please Note—if you reside in the following states additional information will be required:  
CA, CT, MA, NC, NJ, NY, OH, RI, or WV**

**\*\*\*Please Note This Policy Premium is Fully Earned\*\*\***

**Please Mail Your Completed Application and Full Premium of \$600 Made Payable to Equisure Inc.  
13790 E Rice Pl Ste 100, Aurora CO 80015  
800-752-2472 \* 303-614-6961 \* 303-614-6967 (fax)  
www.equisure-inc.com**

**REQUEST FOR CERTIFICATE OF INSURANCE**

(Please complete for Land/Facility Owners or Lessor/Sponsor requiring the Certificates for club events)

Name of Club: \_\_\_\_\_

Complete Club's Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Need no Later Than: \_\_\_\_\_

Is this certificate for a permit?  YES  NO

**CERTIFICATE HOLDER INFORMATION**

LAND/FACILITY OWNERS NAME: \_\_\_\_\_

(Please include any specific wording required by your contract with the land/facility owner)

OR

LESSOR/SPONSOR: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATES OF EVENT: \_\_\_\_\_

**ADDRESS WHERE EVENT HELD:**

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

**LAND/FACILITY OWNER OR LESSOR/SPONSOR MAILING ADDRESS**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

**PROOF OF COVERAGE ONLY** \_\_\_\_\_ **ADDITIONAL INSURED** \_\_\_\_\_

(Please refer to your contract in choosing the appropriate type of certificate)

Please mail or fax the request to Equisure, Inc  
Attn: AKC Program  
13790 E Rice Pl Ste 100  
Aurora CO 80015  
Phone 800-752-2472 Fax 303-614-6967