



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.

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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.

Authorized Club Representative (please print) _____

Signature: _____

Date: _____

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.

Ed date:11/11



**EQUISURE, INC LIABILITY INSURANCE for DOG CLUBS
CERTIFICATE of INSURANCE REQUEST FORM**

This is not a binder. Please Type or Print Clearly.

Name of Club _____ **Club Contact** _____

Club Mailing Address: _____

Email _____ **Tel #** _____ **Fax #** _____

EVENT INFORMATION

Name of Event _____
Event Date(s): _____ **Certificate Needed By:** _____
Address Where Event Held: _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**
Check all that apply: **LANDOWNER** **FACILITY OWNER** **SPONSOR** **EQUIPMENT LESSOR**

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ **Email:** _____

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**
Check all that apply: **LANDOWNER** **FACILITY OWNER** **SPONSOR** **EQUIPMENT LESSOR**

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ **Email:** _____

Authorized Club Representative (please print) _____

Signature: _____ **Date:** _____

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