

Application for AKC Club Liability/Accident Insurance Program

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

Club Name: _____

Contact Name & Title: _____

Mailing Address (Contact): _____

Street

City

State

Zip code

Email

Phone

Fax

Club Website

Physical Address: (Contact) _____

Street

City

State

Zip Code

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 Trails Lure Trials Classes/Seminars Hunts/Hunt Tests
 Breed Rescue Agility Rally
 Other: _____

If New Policy Desired Effective Date: _____

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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.

AKC Club Liability/Accident Application continued:

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 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: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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 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 YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 for each such violation.

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

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: Warning: 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 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 the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY, BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Date	Print Name
	Signature of Applicant

11/00

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

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

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

Please Mail Your Completed Application and Full Premium of \$600 Made Payable to Equisure Inc.

EQUISURE, INC.
13790 EAST RICE PLACE, STE 100 AURORA, CO 80015
PHONE :800-752-2472
FAX :303-614-6967