



Affiliate Horse Club/Association Liability Application

THIS APPLICATION IS FOR AN ANNUAL SCHEDULE OF INSURANCE. A NEW APPLICATION WILL NEED TO BE SIGNED EACH YEAR.

NOTE: EXPOSURES NOT DECLARED ARE NOT COVERED.

Please indicate all *Event Days*. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions for the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline *all* show/event activities for coverage consideration. Attach extra pages as necessary.

Note: Coverage is not provided for event dates that have not been declared to Equisure in advance of the event.

Remember, any events or activities not described/disclosed are not covered.

THIS IS NOT A BINDER.

Incomplete and unsigned applications will be returned for completion and no coverage will be bound.

1. Name of Club: _____
2. Name of Affiliate Association: _____
3. Mailing Address: _____ (To whom all correspondence will be mailed)
City: _____ State: _____ Zip: _____
Phone: () _____ Fax Number: () _____ E-mail: _____
4. President: _____
5. Contact Person: _____ Email address: _____
Phone: () _____ 2nd Phone: () _____
6. Maximum number of members: Individual: _____ + Family: _____ = Total Members: _____
7. Does the Club allow one-day memberships? Yes No If yes, estimated number allowed per year _____
8. Location of Club (if different from above address): _____
9. How long has this club been in existence? _____ years _____ months
10. Does your Club have a website? Yes No If "Yes" Web Address: _____
11. Number of "Sub" clubs/groups affiliated under your organization? _____
Please note: *Your policy will NOT AUTOMATICALLY extend coverage to any equine activity sponsored or managed by the "sub"/affiliated club or group. These affiliated clubs should seek their own Club Liability Insurance.*

12. Please indicate your type of operation:

- Corporation Individual Joint Venture
 Limited Liability Corp Partnership Sole Proprietorship

13. Premises/Buildings/Acres: Does the Club lease? Yes No Does the Club own? Yes No Does the Club permanently occupy? Yes No

If Yes to any of the above, please explain and submit guidelines for use of the facility and if Acres advise how many:

14. Does the club board horses? Yes No If "Yes" how many? _____

15. Does the club own schooling horses? Yes No If "Yes" how many? _____

16. Number of USEF or AHA recognized/sanctioned events put on by your club? _____

*Each USEF or AHA recognized competition(s)/event(s) **must** have a separate Competition/Event Policy to comply with the rules governing the recognized competition/event.*

17. Please indicate the **total number of days** for each of the following activities

- | | |
|---|--|
| Club Meetings (# of days) _____ | Demonstrations (# of days) _____ |
| Clinics (# of days) _____ | Parades (# of days) _____ |
| Schooling/Non Sanctioned Shows (# of days) _____ | Gymkhana/Roping (# of days) _____ |
| Driving events (# of days) _____ | Exhibit Booths/NonMounted events (# of days) _____ |
| Fun/Play days (# of days) _____ | Member-only Trail Rides (# of days) _____ |
| Guided Trail Rides for Gen Public (# of days) _____ | Other _____ (#of days) _____ |

18. Will spectators ever exceed 300 for any of the above days? Yes No
If yes, please explain which events and how many spectators are expected for each of those days: _____

Note: Events with more than 300 spectators may require an additional Premium, please contact Equisure for details.

19. Describe any non-equestrian member-only activities your club engages in (ie., unmounted meetings etc.): _____

20. Is Liquor permitted or served at any of the above functions? Yes No If "Yes" please provide details:

- Catered by an outside company.
- Provided by the club and sold to the members.
- Provided by the club as a courtesy.
- Brought by the club members.
- Sold to general public
- Other _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to a liquor liability exclusion.

21. Are dogs permitted at your facility or at any events you host? Yes No
If yes, please explain your policy regarding dogs: _____

22. Do you sell any products to your customers? Yes No If yes, please detail: _____

23. Are golf carts or other off-road (non-licensed) vehicles used? Yes No

If "Yes" indicate number and type of vehicles: _____

Explain Use: _____

Will anyone under the age of 16 or non-licensed drivers be responsible for and/or driving such vehicles? Yes No

24. Are participants required to wear helmets? Yes No

25. Is there an ambulance or EMT present at any shows, clinics or other events? Yes No

If yes, do you obtain proof of insurance or a certificate of insurance from the EMT? Yes No

26. Is the club responsible for maintenance on any trails? Yes No If Yes, please check all that apply

- Bridge Construction
- Bridge Maintenance
- Tree Removal
- Tree Pruning
- Trail Clearing/Cleaning
- Other _____

27. Does the club provide horse registry service? Yes No

28. Does the club provide training or instruction? Yes No

29. Do Trainers/Instructors have Professional Liability Insurance? Yes No

30. Has the club had Liability Insurance before? Yes No

If "Yes" please provide the name of insurance company: _____

Has the club been cancelled or refused coverage in the last 5 years? Yes No

31. Do you obtain signed releases from all participants for all equine events? Yes No

IF YES, PLEASE ATTACH A SAMPLE COPY OF THE EQUESTRIAN RELEASE/WAIVER FORM USED IN YOUR BUSINESS AND A COPY OF YOUR MEMBERSHIP APPLICATION. EQUISURE'S RECEIPT OF SUCH RELEASE/WAIVER FORM AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH RELEASE/WAIVER OR APPLICATION FOR ITS LEGALITIES OR VALIDITY.

32. Give a brief description of the clubs purpose or mission statement: _____

Focus: Dressage Driving Endurance Gymkhana Trail Ride Other

FOR AN ADDITIONAL PREMIUM THE FOLLOWING WILL BE CONSIDERED BY UNDERWRITING. IF INTERESTED IN A QUOTE, PLEASE COMPLETE THE APPLICABLE SUPPLEMENT WHICH CAN BE OBTAINED FROM EQUISURE. IF YOU DO NOT, THESE ACTIVITIES, OR ANY OTHER ACTIVITIES, WILL NOT BE COVERED.

33. Please indicate which of the following activities you are currently involved:

- Pony Rides
- Horse Drawn Vehicle Rides
- Fundraisers
- Public Transportation
- Participant Liability*
- Other: to be submitted for rating _____
- Horse Sales or Tack Stores and Retail Sales (not applicable for professional liability coverage)

*Participants Liability: Extend “insured” to include participants at the scheduled club events (but only in respect of “occurrences” arising out of their participating in such club event). Without purchasing this option, participants who are not members would not be an insured under this policy. Insured means whom the insurer agrees to indemnify for losses.

34. Have you had any losses/claims in the past 5 years? Yes No If “Yes” please give details, including dates, cause of loss and amount paid: _____

35. REQUEST FOR ADDITIONAL INSURED(S): Please print the individual or corporation you wish to have considered as an additional insured and circle the relationship for that request. Please note that an additional premium may be charged for some requests and that the premium for additional insured(s) is fully earned. Furthermore, Equisure must be notified of changes, additions, or deletions of additional insureds in writing.

Certificate Request	
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	<p style="text-align: center;">Circle one</p> Relationship to Insured Landowner/Landlord Facility You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____
Name: _____ Address: _____ Street City: _____ State: _____ Zip: _____	<p style="text-align: center;">Circle one</p> Relationship to Insured: Landowner/Landlord Facility You must choose one. (See below for definitions) A/I _____ Proof of insurance only _____

Proof of insurance: A certificate of insurance will be sent to the address indicated. This serves as proof of coverage only, and does not extend coverage to the certificate holder.

Additional Insured (A/I): A certificate of insurance will be issued (example: naming the landowner/facility) and the Additional Insured will become a party to your insurance, sharing in your limits and coverage’s. Claims paid for the Additional Insured will reduce your limits.

Please note: The club liability policy does not cover premises liability; Premises Liability should be covered by your organization’s Business Operations Premises Policy.

SUBMISSION OF THIS APPLICATION AND MONEY DOES NOT GUARANTEE ISSUANCE OF A POLICY. ALL APPLICATIONS ARE SUBJECT TO UNDERWRITING APPROVAL.

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.

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.

Applicants Signature: _____ Date _____

Please send additional information on other products offered by Equisure:

- Competition/Event Liability Ins** **Animal Mortality Insurance** **Farm Operations Insurance**

Please note that your insurance will be placed under a facility whereby a Profit Commission may be payable to Equisure by the Insurer. Equisure will be paid a commission by the Insurer for the administration of this insurance policy.