





## AFFILIATE HORSE CLUB/ASSOCIATION LIABILITY APPLICATION

7. Does the club provide any training or instruction?  Yes  No
8. Do Trainers/Instructors have Professional Liability Insurance?  Yes  No
9. Is the Club responsible for maintenance on any trails?  Yes  No If Yes, please check all that apply:
- Bridge Construction  Tree Pruning
- Bridge Maintenance  Trail Clearing/Cleaning
- Tree Removal  Other \_\_\_\_\_

### SECTION 4: EQUINE OPERATIONS

1. Type of Ownership:  Corporation  Individual  Joint Venture  
 Limited Liability Corp (LLC)  Partnership  Sole Proprietorship
2. Club owned or leased facility and/or acres:
- a. Does the Club lease -- Buildings  Yes; # \_\_\_\_\_  No
- b. Does the Club lease -- Acres  Yes; # \_\_\_\_\_  No
- c. Does the Club own -- Buildings  Yes; # \_\_\_\_\_  No
- d. Does the Club own -- Acres  Yes; # \_\_\_\_\_  No
- If "Yes" to any of the above, please explain and submit guidelines for use of the Facility.

3. Any changes in Clubs' operation in last 12 months?  Yes  No If Yes, describe \_\_\_\_\_
4. Does the Club manufacture and/or repair any goods sold?  Yes  No If Yes, describe \_\_\_\_\_

### SECTION 5: UNDERWRITING INFORMATION

1. Has the Club had Liability Insurance before?  Yes  No
- Insurance Company: \_\_\_\_\_
- Liability Coverage Limit: \$ \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
2. Has the Club been cancelled or refused coverage in the last 3 years?  Yes  No If Yes, please explain: \_\_\_\_\_
3. Has the club had any losses or claims within the past 3 years?  Yes  No If Yes, describe the loss (es) or claims including details, date and amount paid. \_\_\_\_\_
4. Does the club obtain signed releases from all participants for all equine events?  Yes  No
5. **Mandatory Requirement:** A sample copy of the equestrian release/waiver form used in your business must accompany this 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 for its legalities or validity. Copy Attached?  Yes  No

### SECTION 6: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

Coverage for selected activities requires Underwriting approval. Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote.

1. Select all additional equine activities that apply.  None
- Pony Rides  Horse Drawn Vehicle Rides
- Fundraisers  Commercial Overnight Guests
- Public Transportation  Trail Riding *not included* as part of lesson/instructions
- Horse Sales or Tack Stores/Retail Stores  Other (describe \_\_\_\_\_)
2. Does the Club lease/own any off-road (non-licensed) vehicles?  Yes  No
- If Yes, do you wish to receive a quote for this coverage?  Yes  No
- If Yes, indicate number and type of vehicles: \_\_\_\_\_
- Explain use of the vehicles: \_\_\_\_\_

Note: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or property damage caused by any operator 16 years old or younger.

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.



**AFFILIATE HORSE CLUB/ASSOCIATION LIABILITY APPLICATION**

**EQUISURE, INC LIABILITY APPLICATION for AFFLILATE HORSE CLUB/ASSOCIATION  
CERTIFICATE of INSURANCE REQUEST FORM**

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

**Customer Code:** \_\_\_\_\_

**Name of Club** \_\_\_\_\_ **Club Contact/Title** \_\_\_\_\_

**Club Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_ **Tel #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

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

<b>CERTIFICATE HOLDER</b> <i>(Select One)</i>	<input type="checkbox"/> <b>PROOF OF INSURANCE</b>	<input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b>
<i>Check all that apply:</i> <input type="checkbox"/> <b>LANDOWNER</b>	<input type="checkbox"/> <b>FACILITY OWNER</b>	<input type="checkbox"/> <b>SPONSOR</b> <input type="checkbox"/> <b>EQUIPMENT LESSOR</b>

**Certificate Holder Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>CERTIFICATE HOLDER</b> <i>(Select One)</i>	<input type="checkbox"/> <b>PROOF OF INSURANCE</b>	<input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b>
<i>Check all that apply:</i> <input type="checkbox"/> <b>LANDOWNER</b>	<input type="checkbox"/> <b>FACILITY OWNER</b>	<input type="checkbox"/> <b>SPONSOR</b> <input type="checkbox"/> <b>EQUIPMENT LESSOR</b>

**Certificate Holder Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>CERTIFICATE HOLDER</b> <i>(Select One)</i>	<input type="checkbox"/> <b>PROOF OF INSURANCE</b>	<input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b>
<i>Check all that apply:</i> <input type="checkbox"/> <b>LANDOWNER</b>	<input type="checkbox"/> <b>FACILITY OWNER</b>	<input type="checkbox"/> <b>SPONSOR</b> <input type="checkbox"/> <b>EQUIPMENT LESSOR</b>

**Certificate Holder Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Authorized Club Representative (please print)** \_\_\_\_\_

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



**AFFILIATE HORSE CLUB/ASSOCIATION LIABILITY APPLICATION**

**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.

_____	_____
<b>Authorized Club Representative Signature</b>	<b>Date</b>
_____	_____
<b>Print Name</b>	<b>Title</b>