



## Polo Club General 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. Is your club affiliated with USPA \_\_\_\_yes \_\_\_\_no      Number of Club Members \_\_\_\_\_

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: ( ) \_\_\_\_\_ 2<sup>nd</sup> Phone: ( ) \_\_\_\_\_

6. Location of Club (if different from address above): \_\_\_\_\_

7. Does your club have a website?  Yes  No If Yes, Web Address \_\_\_\_\_

8. Does the club have any employees?  Yes  No If Yes, How many? \_\_\_\_\_

9. 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 insurance.**

10. Does the Club require all players to sign a release?  Yes  No (please attach a copy)

11. Is the club contractually obligated to maintain any premises or facility?  Yes  No

If yes, please explain: \_\_\_\_\_

12. Premises/Buildings: Does the club lease? \_\_\_\_\_ Does the club own? \_\_\_\_\_ # of acres? \_\_\_\_\_

*The Horse Club Liability Policy does not cover Premises Liability*

13. Does the club board horses?  Yes  No If "Yes" how many on average? \_\_\_\_\_

14. Does the club maintain stables?  Yes  No

15. Does the club own horses?  Yes  No If yes, how many? \_\_\_\_\_

16. Does the club lease or loan horses to players?  Yes  No

17. Does the club stable horses without receiving board?  Yes  No

18. Does the club employ professional instructors?  Yes  No

19. Do the club instructors have professional liability insurance coverage?  Yes  No

20. List Club activities **and the number of days for each activity:**

**A.**

Club Meetings: \_\_\_\_\_ League Matches \_\_\_\_\_ Fun Matches \_\_\_\_\_ Scrimmages \_\_\_\_\_

Please list any other club activity that are not indicated above: \_\_\_\_\_

Will any of these events have more than 300 spectators?  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.**

**B.**

List the USPA sanctioned tournaments in which your club will participate:

<i>Name of event</i>	<i>number of days for this event</i>	<i>number of spectators/participants</i>
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21. Describe any non-equestrian member-only activities your club engages in (ie., unmounted meetings etc.): \_\_\_\_\_

22. Are golf carts or other off-road (non-licensed) vehicles used for any of your club events?  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

Are these golf carts leased/owned by the club?  Yes  No Do Members bring their own golf carts?  Yes  No

23. Are dogs permitted at your facility or at any events you host?  Yes  No

If yes, please explain your policy regarding dogs: \_\_\_\_\_

24. Do you sell any products to your customers?  Yes  No If yes, please detail: \_\_\_\_\_

25. Do you serve food at any event?  Yes  No If yes, please provide details: \_\_\_\_\_

26. Is liquor permitted or served at any of the above club 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 the general public
- Other \_\_\_\_\_

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

27. 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

28. 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

29. 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.**

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.

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

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

30. Have you had any losses/claims in the past 5 years?  Yes  No

If "Yes" please give details: \_\_\_\_\_

31. Please list all policies the club has.

- Premises Liability. Policy # \_\_\_\_\_ Company \_\_\_\_\_
- Directors & Officers. Policy # \_\_\_\_\_ Company \_\_\_\_\_

- Workers Compensation. Policy # \_\_\_\_\_ Company \_\_\_\_\_
- Excess Liability. Policy # \_\_\_\_\_ Company \_\_\_\_\_
- Building Coverage. Policy # \_\_\_\_\_ Company \_\_\_\_\_
- Commercial Auto. Policy # \_\_\_\_\_ Company \_\_\_\_\_
- Other. \_\_\_\_\_ Company \_\_\_\_\_

32. 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.

<b>Certificate Request</b>	
Name: _____  Address: _____ Street  City: _____ State: _____ Zip: _____	<b>Circle one</b>  Relationship to Insured    Landowner/Landlord    Facility  <b>You must choose one. (See below for definitions)</b>  A/I _____    Proof of insurance only _____
Name: _____  Address: _____ Street  City: _____ State: _____ Zip: _____	<b>Circle one</b>  Relationship to Insured:    Landowner/Landlord    Facility  <b>You must choose one. (See below for definitions)</b>  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.

12/09