



POLO CLUB LIABILITY APPLICATION

**THIS APPLICATION IS FOR AN ANNUAL SCHEDULE OF INSURANCE
THIS IS NOT A BINDER. EXPOSURES NOT DECLARED ARE NOT COVERED.**

NOTE: Incomplete and unsigned applications will be returned for completion. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage. Approval by Underwriting required.

SECTION 1: APPLICANT INFORMATION DESIRED EFFECTIVE DATE:

- 1. Club Name: _____ President Name: _____
- 2. Mailing Address: _____ City _____ State _____ Zip _____
- 3. Physical Address: _____ City _____ State _____ Zip _____
- 4. Tel # _____ Fax # _____ Email _____ Website _____
- 5. Membership Assoc. Affiliation (i.e., USPA, USEF, etc): _____ Assoc. Number: _____
- 6. Number of Club Members: _____ One Day Memberships: (ANNUAL) _____
- 7. Provide Description of the Club Purpose/Mission Statement: _____
- 8. Number of "Sub" clubs/groups affiliated under your organization? _____
Note: Your policy will NOT AUTOMATICALLY extend coverage to any equine activity sponsored or managed by the "sub"/affiliated club or group. Affiliated clubs should seek their own Club Liability Insurance.
- 9. How Did You Hear About Equisure? _____

SECTION 2: COVERAGE INFORMATION

Limit of Liability - policy includes \$1,000,000/\$1,000,000 Occurrence/Aggregate

- Optional Liability Limits: \$ 250,000/\$ 500,000 Occurrence/Aggregate (submit for rate)
 (Select option) \$ 500,000/\$1,000,000 Occurrence/Aggregate (submit for rate)
 \$1,000,000/\$2,000,000 Occurrence/Aggregate (submit for rate)

SECTION 3: CLUB ACTIVITIES INFORMATION

- 1. a. Specify the total number of days for each club activity: (select all that apply and provide the actual number of days)
 - Club meetings _____ League Matches _____ Fun/Play Matches _____ Scrimmages _____ Clinics _____
 - Exhibit Booths/Non-Mounted events _____ Schooling/Non-Sanctioned Shows _____
 - Other (describe): _____ (# of days) _____
- b. Will the number of 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*

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

Name of event	number of days for this event	number of spectators/participants
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- 3. Is liquor permitted or served at any of the above club functions? Yes No *If yes, please provide details:*
 - Catered by an outside company Brought by the club members
 - Provided by the club and sold to the members Sold to the general public
 - Provided by the club as a courtesy Other _____

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



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- 4. Does the club board non-owned horses? Yes No If Yes, how many? _____
- 5. Does the club maintain stables? Yes No
- 6. Does the club own horses? Yes No If Yes, how many? _____
- 7. Does the club lease or loan horses to players? Yes No
- 8. Does the club stable horses without receiving board? Yes No
- 9. Does the club provide any training or instruction? Yes No
- 10. Do the Trainers/Instructors have Professional Liability Insurance? Yes No
- 11. Describe any non-Polo member-only activities your club engages in (i.e., unmounted meetings etc): _____

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. List other insurance policies the club has:

<input type="checkbox"/> Premises Liability. Policy # _____	Company _____
<input type="checkbox"/> Directors & Officers. Policy # _____	Company _____
<input type="checkbox"/> Workers Compensation. Policy # _____	Company _____
<input type="checkbox"/> Excess Liability. Policy # _____	Company _____
<input type="checkbox"/> Building Coverage. Policy # _____	Company _____
<input type="checkbox"/> Commercial Auto. Policy # _____	Company # _____
- 3. Has the Club been cancelled or refused coverage in the last 3 years? Yes No If Yes, please explain:

- 4. 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. _____
- 5. Does the club obtain signed releases from all participants for all equine events? Yes No
- 6. Is there an ambulance or EMT present at matches, clinics or other events? Yes No
 If Yes, do you obtain proof of insurance or a certificate of insurance from the EMT? Yes No
- 7. **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



EQUISURE, INC LIABILITY APPLICATION for AFFILIATE 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.

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

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

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

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

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

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Authorized Club Representative (please print) _____

Signature: _____ Date: _____



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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.

Authorized Club Representative Signature

Date

Print Name

Title