



Equisure, Inc.
 13790 E Rice Pl Ste 100
 Aurora, CO 80015
 303-614-6961
 800-752-2472

Polo Club General Liability Application

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: () _____ 2nd 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 500 spectators? Yes No If yes, please describe below:

B.

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

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

21. 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

22. Do you serve food at any event? Yes No If yes, please provide details: _____

23. 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 _____

24. 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

25. Have you had any losses/claims in the past 5 years? Yes No
If "Yes" please give details: _____

26. Please list all 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 _____
<input type="checkbox"/> Other. _____	Company _____

27. Do you desire coverage for terrorism? Yes No (minimum charge is \$250.00 per year)
****Terrorism disclosure must be signed and returned whether you accept or reject this coverage****

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

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

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.

Please submit all documents to Equisure, Inc. 13790 E Rice Pl Ste 100, Aurora, CO 80015

revised 12/07