



**2015 AFFILIATE HORSE CLUB/ASSOCIATION 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., USEF, USHJA, etc.): \_\_\_\_\_ Assoc. Number: \_\_\_\_\_  
*Note: A copy of your card must accompany this application.*
- 6. Number of Club Members: Individuals \_\_\_\_\_ Families \_\_\_\_\_ One Day Memberships: (ANNUAL) \_\_\_\_\_
- 7. How Did You Hear About Equisure? \_\_\_\_\_
- 8. Provide Description of the Club Purpose/Mission Statement: \_\_\_\_\_
- 9. Select All that Apply:  Dressage  Driving  Endurance  Gymkhana  Trail Ride  Other

- 10. 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.*

**SECTION 2: COVERAGE INFORMATION**

- 1. Limit of Liability: *Included in policy \$1,000,000/\$1,000,000 Occurrence/Aggregate*  
 Increased or decreased limits available  \$ 250,000/\$ 500,000 Occurrence/Aggregate (submit for rate)  
 \$ 500,000/\$1,000,000 Occurrence/Aggregate (submit for rate)  
 \$1,000,000/\$2,000,000 Occurrence/Aggregate (submit for rate)  
 I do not wish to have my policy limits increased or decreased.
- 2. Participant Liability:  Yes, I wish add Participant Liability  No, I do not wish to add Participant Liability.  
*Note: Participant Liability extends "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.*

**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 \_\_\_\_\_  Demonstrations \_\_\_\_\_  Parades \_\_\_\_\_  Gymkhana/Roping \_\_\_\_\_  Trail Rides \_\_\_\_\_  
 Driving Events \_\_\_\_\_  Fun/Play Days \_\_\_\_\_  Clinics \_\_\_\_\_  Exhibit Booths/Non-Mounted events \_\_\_\_\_  
 Schooling/Non-Sanctioned Shows \_\_\_\_\_  Other (describe): \_\_\_\_\_ (# of days) \_\_\_\_\_  
 USEF or AHA sanctioned events \_\_\_\_\_  
*Note: Each sanctioned event(s) requires a separate Competition/Event Policy to comply with the rules governing the sanctioned USEF/AHA event.*

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. Is Liquor permitted or served at any of the above functions?  Yes  No If Yes, provide details:  
 Catered by an outside company.  Brought by the club members.  
 Provided by the club and sold to the members.  Sold to general public  
 Provided by the club as a courtesy  Other (describe) \_\_\_\_\_

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

- 3. Describe any non-equestrian member-only activities your club engages in: \_\_\_\_\_
- 4. Does the club board non-owned horses?  Yes  No If Yes, how many? \_\_\_\_\_
- 5. Does the club own horses?  Yes  No If Yes, how many? \_\_\_\_\_
- 6. Does the club provide a horse registry service?  Yes  No

*Note: This policy does not provide coverage for horse registry.*



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- 7. Does the club provide any training or instruction?
8. Do Trainers/Instructors have Professional Liability Insurance?
9. Is the Club responsible for maintenance on any trails?
Bridge Construction, Bridge Maintenance, Tree Removal, Tree Pruning, Trail Clearing/Cleaning, Other

SECTION 4: EQUINE OPERATIONS

- 1. Type of Ownership: Corporation, Limited Liability Corp (LLC), Individual, Partnership, Joint Venture, Sole Proprietorship
2. Club owned or leased facility and/or acres: Does the Club lease -- Buildings, Acres; Does the Club own -- Buildings, Acres

- 3. Any changes in Clubs' operation in last 12 months?
4. Does the Club manufacture and/or repair any goods sold?

SECTION 5: UNDERWRITING INFORMATION

- 1. Has the Club had Liability Insurance before? Insurance Company, Liability Coverage Limit, Expiration Date
2. Has the Club been cancelled or refused coverage in the last 3 years?
3. Has the club had any losses or claims within the past 3 years?
4. Does the club obtain signed releases from all participants for all equine events?
5. Mandatory Requirement: A sample copy of the equestrian release/waiver form used in your business must accompany this application.

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. Pony Rides, Fundraisers, Public Transportation, Horse Sales or Tack Stores/Retail Stores, None, Horse Drawn Vehicle Rides, Commercial Overnight Guests, Trail Riding not included as part of lesson/instructions, Other
2. Does the Club lease/own any off-road (non-licensed) vehicles? If Yes, do you wish to receive a quote for this coverage? If Yes, indicate number and type of 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.



**2015 AFFILIATE HORSE CLUB/ASSOCIATION LIABILITY APPLICATION**  
**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)
<i>Check all that apply:</i> <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)
<i>Check all that apply:</i> <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)
<i>Check all that apply:</i> <input type="checkbox"/> LANDOWNER	<input type="checkbox"/> FACILITY OWNER	<input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR

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

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

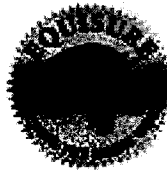
City/State/Zip: \_\_\_\_\_

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

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

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

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



**Supplemental/Form B**  
 Complete and Return **ONLY** if applicable  
 Please complete only the section(s) which apply to your activities, complete both sides and sign

**NOTE: EXPOSURES NOT DECLARED ARE NOT COVERED.**

1. Name of Insured: \_\_\_\_\_ Email address: \_\_\_\_\_
2. Phone Number: (        ) \_\_\_\_\_ Years of Experience: \_\_\_\_\_

**Pony Rides**

**Only equine operations providing Pony Rides as an incidental part of their overall equine operations will be considered for coverage.**

**All Pony Rides must utilize Safety Helmets to be eligible for coverage consideration.**

**Operations which fasten or tie children to the saddle or pony are not eligible for coverage consideration.**

**All pony rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.**

1. Number of Ponies: \_\_\_\_\_ Estimated number of riders: \_\_\_\_\_
2. Minimum age of riders': \_\_\_\_\_ Are the parents present during the ride?  Yes  No
3. Do you operate your Pony Ride operations under another name?  Yes  No Details if "Yes" \_\_\_\_\_
4. Do you offer Pony Ride operations in cooperation with other organizations?  Yes  No Details if "Yes" \_\_\_\_\_
5. How many years experience giving Pony Rides? \_\_\_\_\_
6. Ride Details: Ride is  In a Ring  Handled (Side-walkers)  Pony Carousel (Merry go round)  Other \_\_\_\_\_  
 Length of Ride is: \_\_\_\_\_ Are the riders required to wear any safety gear?  Yes  No  
 Are any belts, ties, or other restraints (saddle) used?  Yes  No If yes please give details.  
 Other Details: \_\_\_\_\_
7. Are all Pony Rides conducted in an enclosed area?  Yes  No
8. Type of enclosure is:  Round Pen  Small Arena  Small Paddock (less than 1/2 acre)  Other \_\_\_\_\_  
 Please describe enclosure/fencing: \_\_\_\_\_
9. Do you offer other activities to Pony Ride participants?  Yes  No Details if "Yes" \_\_\_\_\_
10. Do you secure a signed release from all riders (parents or guardians)?  Yes  No  
**(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
11. Do you supervise all pony rides?  Yes  No Is a riding instructor always present?  Yes  No
12. What are the annual gross receipts for this activity: \_\_\_\_\_ . Average charge per Pony Ride given: \$ \_\_\_\_\_
13. Date of first ride for which coverage is desired: \_\_\_\_\_ (mo/day/yr) Date of last ride: \_\_\_\_\_ (mo/day/yr)
14. Estimated # of pony rides per year? \_\_\_\_\_
15. Maximum # of ponies used at any one time: \_\_\_\_\_

**Horse Sales (A sample Bill of Sale/Hold Harmless Agreement must accompany this form prior to receiving a quote)**

1. What are the annual gross receipts for this exposure? \_\_\_\_\_
2. Give the estimated number of horses sold annually? \_\_\_\_\_
3. Is the buyer allowed to test ride?  Yes  No If "Yes", type of test ride given:  Open field  Arena  Other: \_\_\_\_\_
4. Is supervision provided during the test ride?  Yes  No
5. Are waivers signed for all test rides?  Yes  No
6. Do you sell horses for others (agent/broker)  Yes  No If yes, It is MANDATORY that you use a Hold Harmless Agreement

7. Give the number of horses sold that are: owned by you \_\_\_\_\_ owned by others \_\_\_\_\_
8. Do you give any representations, guarantees or warranties? Please give details \_\_\_\_\_
9. What are the average values of the horses you will be selling? \_\_\_\_\_ Maximum Value \_\_\_\_\_

**Day Camps**

**Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration.**

**Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration.**

**Note: If dates have not been set, Written Notice of the Day Camp must be received in our office prior to the Day Camp dates.**

**Coverage is not provided for Day Camps that have not been declared to the Company in advance of the Day Camp.**

1. Do you operate your Equestrian Day Camp operations under another name?  Yes  No If yes, give the details: \_\_\_\_\_
2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations?  Yes  No If yes, give the details: \_\_\_\_\_
3. How many years experience with Day Camps: \_\_\_\_\_ Average cost per camper per session: \$ \_\_\_\_\_
4. What are the age groups of those attending? \_\_\_\_\_ Are helmets required? \_\_\_\_\_
5. Are any belts, ties, or other restraints (saddle) used?  Yes  No If yes, give the details: \_\_\_\_\_
6. Minimum age of Campers: \_\_\_\_\_
7. Are all Day Campers regular students in your lesson program?  Yes  No If no, please provide approximately how many are NOT in your lesson program and explain. \_\_\_\_\_
8. Number of campers per session/camp? \_\_\_\_\_ Numbers of days per session/camp? \_\_\_\_\_ Number of sessions/camps per year? \_\_\_\_\_
9. Purpose of camp? \_\_\_\_\_
10. What is the number of trainers per student? \_\_\_\_\_. What is the minimum age of trainers? \_\_\_\_\_
11. What type of training do the trainers receive? \_\_\_\_\_
12. How long have your trainers worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
13. Are all rides conducted in an enclosed area?  Yes  No If yes, give the details: \_\_\_\_\_
14. Type of enclosure is:  Round Pen  Small Arena  Small Paddock (less than 1/2 acre)  Other \_\_\_\_\_  
Please describe enclosure/fencing: \_\_\_\_\_
15. Is liquor served at any time during the camp?  Yes  No If yes, give the details: \_\_\_\_\_
16. Is this an overnight camp?  Yes  No What are the camp hours: \_\_\_\_\_ Number of chaperones? \_\_\_\_\_  
Describe the housing accommodations which you provide or the campers provide: \_\_\_\_\_  
Who are the chaperones for overnight camps: \_\_\_\_\_  
Describe all overnight and any off premises activities: \_\_\_\_\_
17. What kinds of background checks are performed on employees? \_\_\_\_\_
18. Do you serve or prepare meals for participants?  Yes  No
19. Do you get signed waivers or hold harmless agreements?  Yes  No Please attach a copy  
**(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
20. Are any camp services provided by non-employees? Please describe: \_\_\_\_\_
21. For what dates do you desire coverage? \_\_\_\_\_
22. Do you permit early drop off and/or late pick up of campers?  Yes  No If yes, give the details: \_\_\_\_\_
23. Do campers have access to trampolines, climbing apparatuses, or other equipment?  Yes  No If yes, give the details: \_\_\_\_\_
24. Do you have any off premises activities?  Yes  No If yes, give the details: \_\_\_\_\_
25. List activities conducted other than equine related (i.e. swimming pool): \_\_\_\_\_  
Is there a swimming pool?  Yes  No If yes **Please note we do not cover liability arising from the use of swimming pools.**
26. List all Equestrian Day Camp activities: \_\_\_\_\_
27. What is the gross annual receipts for this activity? \_\_\_\_\_
28. Are there any campers who are physically or emotionally handicapped?  Yes  No
29. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of child abuse?  Yes  No

30. Are medications kept and distributed to children with prescription/non-prescription needs?  Yes  No
31. Campers are under adult supervision at all times. If children are not in the direct vision of adults, are adults aware of where they are and what they are doing?  Yes  No
32. All equipment and buildings are maintained in a safe, clean condition and in good repair. Indoor and outdoor environments are safe, clean and spacious.  Yes  No
33. How many fire extinguishers in the building in which the campers will be conducting activities? \_\_\_\_\_
34. All poisonous/toxic materials are kept under lock and key and out of children's reach?  Yes  No
35. Do you provide transportation for campers for any reason?  Yes  No If yes, details: \_\_\_\_\_  
(If yes, we will require a Certificate of Insurance from your auto insurance carrier and complete driver information on all drivers.)

#### Horse Drawn Vehicle Rides

**Only equine operations providing horse drawn vehicle rides as an incident part of their overall equine operations will be considered for coverage.**

**Horse Drawn Vehicle Rides given primarily on metropolitan roads are not eligible for coverage consideration.**

1. Do you operate your Horse Drawn Vehicle Ride operations under another name?  Yes  No If yes, detail \_\_\_\_\_
2. Years experience giving Horse Drawn Vehicle Rides: \_\_\_\_\_ Years at this location: \_\_\_\_\_
3. Indicate the type of ride:  Wagon/Carriage Ride  Sleigh Rides  Hay Ride  Haunted Hay Ride  Other \_\_\_\_\_
4. Who is involved in Carriage Rides?  Applicant  Spouse  Children (under 16)  Other \_\_\_\_\_
5. How many wagons, sleds or carriages are used? \_\_\_\_\_ Maximum Number of Passengers? \_\_\_\_\_ Maximum number of Horses per vehicle? \_\_\_\_\_
6. Sleigh or carriage is drawn by:  Horse  Horse Team  Other: \_\_\_\_\_
7. Type of wagon/sleigh used: \_\_\_\_\_
8. Age of wagon/sleigh? \_\_\_\_\_ Who maintains the wagon/sleigh and how often? \_\_\_\_\_
9. Are nighttime rides given?  Yes  No If yes, does wagon/sleigh have the following equipment?  
 Lights  Reflectors  Hydraulic brakes  Slow moving emblems  Ladder  Mobile Stairs  Other: \_\_\_\_\_
10. Are rides given on, or cross over, public roads?  Yes  No
11. Are rides given on City and/or Metropolitan roads?  Yes  No
12. Do you have any rides off premises?  Yes  No If yes, give the details: \_\_\_\_\_
13. Do you ever drive in parades?  Yes  No Number of parades driven in annually: \_\_\_\_\_  
Please provide parade names, dates, locations and describe parade size: \_\_\_\_\_  
Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc. \_\_\_\_\_  
Describe any promotional or advertising material you display on your vehicles in parades: \_\_\_\_\_
14. What is the date of desired coverage? \_\_\_\_\_
15. What is the gross annual receipts for this activity? \_\_\_\_\_
16. Is liquor served or allowed at rides? Please give details: \_\_\_\_\_
17. Do you get signed waivers or hold harmless agreements?  Yes  No Please attach a copy  
**(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
18. Average number of times rides given per week? \_\_\_\_\_
19. What special events are rides given for? \_\_\_\_\_
20. Do you offer other activities to ride participants?  Yes  No If yes, give the details: \_\_\_\_\_

#### Guided Trail Riding as part of a Lesson/Instruction to the public

**Only equine operations providing guided trail riding as an incidental part of their overall equine operations will be considered for coverage.**

1. Average number of horses used for any one trail ride: \_\_\_\_\_ Maximum number of horses used on any one trail ride: \_\_\_\_\_
2. Do any rides occur overnight?  Yes  No
3. Describe the housing accommodations which you provide or the campers provide: \_\_\_\_\_  
Who are the chaperones for overnight rides: \_\_\_\_\_

Describe all overnight activities: \_\_\_\_\_

4. Is liquor served at any time during an overnight ride?  Yes  No If yes, give the details \_\_\_\_\_
5. Do you serve or prepare meals for riders?  Yes  No
6. Wrangler/Guide/Instructor ratio to riders: \_\_\_\_\_;
7. What type of training do the Wrangler/Guide/Instructors receive? \_\_\_\_\_
8. How long have your Wrangler/Guide/Instructors worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
9. What is the minimum age of a Wrangler/Guide/Instructor? \_\_\_\_\_
10. When is a second wrangler/guide/instructor used/added? \_\_\_\_\_
11. Age of riders: \_\_\_\_\_ Minimum age of riders: \_\_\_\_\_
12. Does wrangler/guide/instructor hand lead any horses during the ride?  Yes  No If yes please explain \_\_\_\_\_
13. Is double riding allowed at any time?  Yes  No If yes please explain \_\_\_\_\_
14. Is a signed waiver/release used for all riders?  Yes  No If yes please attach a copy  
**(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
15. Are trail rides for:  Riding students  General Public
16. Is cantering, loping, or galloping allowed for riders?  Yes  No If yes please explain \_\_\_\_\_
17. Annual gross receipts for trail ride operation: \$ \_\_\_\_\_
18. Trail rides last:  1 hour  1 1/2 hour  2 hours  Longer than 2 hours. If longer than 2 hours please advise of specifics of trail ride \_\_\_\_\_
19. Dates of trail ride operations: \_\_\_\_\_ to \_\_\_\_\_
20. Who maintains the trails? \_\_\_\_\_ Who owns the trail property? \_\_\_\_\_
21. Do you offer other activities to ride participants?  Yes  No If yes, give the details: \_\_\_\_\_



**2015 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>