



BROKER EQUINE PROFESSIONAL & GENERAL LIABILITY APPLICATION

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

IMPORTANT!! All submissions must include complete and signed application. Incomplete applications will be returned. Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

SECTION 1: APPLICANT INFORMATION DESIRED EFFECTIVE DATE:

1. Applicant Name: _____

2. Business/LLC/Corporation Name: _____

3. Mailing Address _____ City _____ State _____ Zip Code _____

4. Physical Address _____ City _____ State _____ Zip Code _____

5. Telephone # _____ Fax # _____ Email _____ Website _____

6. Applicant Is: Corporation Individual Joint Venture
 Limited Liability Corp (LLC) Partnership Sole Proprietorship

If application is a Corporation or Limited Liability Corp (LLC)

a. Please list the names(s) of officers, partners: _____ Their Duties: _____

Note: Non-Equine activities are excluded under this policy.

7. Membership/Instructor Certification: Program _____ Certificate Level _____

7. Is Applicant 18 or older? Yes No

8. How did you hear about Equisure? _____

SECTION 2: COVERAGE INFORMATION

1. Limit of Liability – Standard Policy includes **\$1,000,000/\$1,000,000 Occurrence/Aggregate**

(Or) Optional
Liability Limits:

- \$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)

2. Care, Custody and Control – Standard Policy includes **\$50,000 per non-owned horse/subject to \$100,000 annual aggregate**

(Or) Optional Non-Owned CCC Coverage Limits:

- \$100,000 per horse occurrence/\$200,000 annual aggregate (submit for rate)
- \$200,000 per horse occurrence/\$400,000 annual aggregate (submit for rate)

3. Has the applicant had *any* losses/claims within the past 3 years? No Losses/Claims Yes Losses/Claims (If yes, on a separate page provide details of any loss (es) or claims including dates, details and amount paid within the past 3 years).

SECTION 3: PROFESSIONAL / GENERAL LIABILITY UNDERWRITING INFORMATION

(The applicant is required to keep records of the information we need for premium computation, at our discretion we may ask for copies to verify the risk information you have provided.)

1. Applicant(s) and Assistant(s) Equine Activities: (select all that apply)

- Judge Show Official/Manager Professional Rider/Driver Course Designer Groom
- Clinician Horse Trainer Riding Instructor Steward Technical Delegate

2. How many years of experience do you have performing the equine activities noted above? _____

3. Average Number of Clients/Students/Horses applicant and assistant trains/instructs per Month: _____



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0 - 15 16 - 29 30 - 49 50+ (submit for rate)

4. **Total Gross Annual Receipts (GAR) including Donations (the money earned over the last year, before expenses):** for all equine activities listed in Section 3 Question #1 for applicant & assistant(s)

\$0-50,000 \$100,001-150,000
 \$50,001-\$100,000 \$ _____ {Must provide actual GAR if over \$150,001}

5. **Applicants Primary Training Discipline** _____

6. **Do you use Paid assistants/staff to help with any of your equestrian activities?** Yes No

a. **Are your assistants/staff 16 or older?** Yes No

b. **Declare All Assistant/Staff information on Certificate Request Form- See Page 10 (Duplicate this form as needed)**

7. **Do you use Volunteers and/or Working Students for any of your Equine Activities?** Yes No

a. **IF Yes, how many volunteers and/or working students on average per month?**

1 - 6 7 - 12 13 - 18 19 - 24 25+

b. **Do volunteers and/or working students receive any remuneration for their services to you? If yes, explain**

* Please Note: Injury to an assistant/employee, working student or volunteer while acting on behalf of the applicant is excluded.

8. **Do you have Workers Compensation Insurance?** Yes No

Please note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.

9. **BOARDING for Non-Owned Horses** Yes No

a. **Average # of Non-owned horses boarded monthly** 1 -15 16 - 25 26-35 36-46 47-55 56+

b. **Gross Annual Receipts (total boarding)** \$ _____ (Note: If "none" indicate as \$0.00)

- 1) From boarded horses for training? \$ _____
- 2) From boarding contracts only (no training)? \$ _____
- 3) What is the Maximum value of any Non-Owned Horse \$ _____

c. **Does applicant have other insurance for boarding?** Yes No

If Yes, Provide: Carrier _____ Policy # _____ Effective Date _____

10. **BREEDING** Yes No

a. **Is applicant responsible for non-owned horse(s) during breeding?** Yes No

b. **Gross Annual Receipts for Breeding:** \$ _____ (Note: If "none" indicate as \$0.00)

11. **Does your equestrian operation ever include Trail Riding?** Yes No

a. **If "Yes", is the cost for trail riding:** Included within Lesson Hourly Rate

b. **Who are Trail Rides provided to:** Reoccurring Students/Clients Open to Public (i.e. Livery)

12. **Does the applicant supply food, manufacture and/or repair any goods sold?** Yes No

IF Yes, describe _____ (Please Note: If yes, no products liability will be provided by this policy)

13. **Do you obtain a release signed by your students, clients, boarders and volunteers relieving you of claims for bodily injury & property damage?** Yes No

MANDATORY REQUIREMENT: A 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. *Note: Liability Release should release the applicant and/or the business name of the applicant from liability.* Copy attached? Yes No

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 or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.



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SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval.

1. Additional Equine activities (select all that apply or None) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote.

- a. None
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Pony Rides | <input type="checkbox"/> Horse Drawn Vehicle Rides |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Horse Sales |
| <input type="checkbox"/> Therapeutic | <input type="checkbox"/> Other (describe _____) |

b. Do you wish to obtain a quote for the above activities? Yes No (If Yes, a supplemental application is required, or you can download the supplemental application(s) from our website: [www. Equisure-inc.com](http://www.Equisure-inc.com), and forward along with this application. If No, these equine activities will be excluded from coverage.)

Note: This policy does not provide coverage for the above activities until properly endorsed. The above activities will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

2. Does applicant lease/own any ATV, Golf Cart or other off-road (non-licensed) vehicles for use in equestrian activities listed on this application? Yes No

If Yes, do you wish to receive a quote for Liability coverage only? [Physical damage is not available] Yes No

If Yes, indicate number and type of vehicles: _____

Explain use of the vehicles: _____

Note: If purchased liability coverage only applies during the declared equine activities listed on the schedule..

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 an unlicensed operator or any operator 16 years old or younger.

SECTION 5: INSURANCE HISTORY

1. Does applicant have current or prior liability insurance? Yes No

Insurance Company: _____

Liability Coverage Limit: \$ _____

Annual Premium: \$ _____

Expiration Date: _____

2. If No Prior insurance please explain: _____

TRAIL RIDING: Check if NO Exposure

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

1. Where is the guided trail rides conducted? On Premises Off Premises **If Off Premises please describe:**

2. Average number of horses used for any one trail ride: _____ **Maximum number of horses used on any one trail ride:** _____

3. Do any rides occur overnight? Yes No

a. Describe the housing accommodations which you provide or the campers provide:

b. Describe all overnight activities:

c. Is liquor served at any time during an overnight ride? Yes No **If yes, give the details**

4. Do you serve or prepare meals for riders? Yes No

5. Wrangler/Guide/Instructor ratio to riders: _____ **Years of experience** _____ **Names of Guides:**



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TRAIL RIDING Continued:

6. What type of training do the Wrangler/Guide/Instructors receive? _____

7. How long have your Wrangler/Guide/Instructors worked for your operation? Average: _____ Minimum: _____
Maximum: _____ What is the minimum age of a Wrangler/Guide/Instructor? _____

8. When is a second wrangler/guide/instructor used/added? _____

9. Age of riders: _____ Minimum age of riders: _____

10. Does wrangler/guide/instructor hand lead any horses during the ride? Yes No If yes please explain _____

11. Is double riding allowed at any time? Yes No If yes please explain _____

12. 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.)

13. Are trail rides for: Members Only Yes No Open to General Public Yes No

14. Is cantering, loping, or galloping allowed for riders? Yes No If yes please explain: _____

15. Annual gross receipts for trail ride operation: \$ _____

16. Trail rides last: 1 hour 1 1/2 hour 2 hours Longer than 2 hours. If longer than 2 hours please advise specifics of trail ride: _____

17. Dates of trail ride operations: _____ to _____

18. Who maintains the trails? _____ Who owns the trail property? _____

19. Do you offer other activities to ride participants? Yes No If yes, give the details: _____

HORSE DRAWN VEHICLE RIDES: Check if NO Exposure

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 of experience giving Horse Drawn Vehicle Rides: _____ Names of Driver/Operators _____

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: _____



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HORSE DRAWN VEHICLE RIDES Continued:

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 are 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: _____

PONY RIDES: Check if NO Exposure

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 per ride: _____

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 _____

Number of employed handlers _____ Years of Experience _____

Length of Ride is: _____ Are the riders required to wear any safety gear? Yes No Detail if "Yes" _____

Are any belts, ties, or other restraints (saddle) used? Yes No If Yes please give 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" _____



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PONY RIDES Continued:

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)
Estimated # of pony ride days per year? Maximum # of ponies used at any one time: _____

DAY CAMPS: Check if NO Exposure

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 first Day Camp Day.

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 details: _____

2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations? Yes No
If Yes, give details: _____

3. How many years experience with Day Camps: _____ Average income per camper, per session: \$ _____

4. What are the age groups of attendees? _____ Are helmets required? _____

5. Are any belts, ties or other restraints used (other than saddles)? Yes No
If Yes, give 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 campers per session/camp? _____ Number of days per session/camp? _____ Number of sessions/camps per year? _____

9. Purpose of camp? _____

10. What is the number trainers per student? _____ What is the minimum age of trainers? _____

11. What type of training do 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 details:
Enclosure is: Round Pen Small Arena Small Paddock (less than 1/2 acre) Other: _____
Please describe enclosure fencing: _____



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DAY CAMPS Continued:

14. Is liquor ever served during the camp? Yes No If Yes, give details: _____
15. Is there overnight camping? Yes No If Yes, What are the camp hours: _____ Number of Chaperones? _____
Describe the housing accommodations which you or campers provide: _____
Names & ages of chaperones: _____
Describe all overnight and any off premises activities: _____
Do you have a molestation policy in place? Yes No If Yes, provide the following:
Name of Insurance company: _____
Policy Number: _____
Policy Effective Date: _____
• Molestation policy must be in force for consideration
16. What kinds of background checks are performed on employees? _____
17. Do you serve or prepare meals for participants? Yes No
18. 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.)**
19. Describe any camp service provided by a non-employee: _____
20. Provide dates you desire coverage: _____
21. Do you permit early drop of and/or late pick-up of campers? Yes No If Yes, give details: _____
22. Do campers have access to trampolines, climbing apparatuses or other equipment? Yes No If Yes, describe: _____

23. Do you have any off premises activities? ? Yes No If Yes, give details: _____
24. List activities conducted other than equine related (i.e. swimming pools): _____
25. List all Equestrian Day Camp activities: _____
26. What is your gross annual receipts for this activity? \$ _____
27. Are there any campers who are physically or emotionally handicapped? Yes No
28. Is any camp counselor/employee/supervisor under investigation for, or has a previous record fo chiled abuse?
 Yes No
29. Are medications kept and distributed to children with prescription/non-prescription needs? Yes No
30. Campers are under adult supervision as 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
31. 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
32. Number of fire extinguishers in the building where campers will be conducting activities? _____
33. All poisonous/toxic materials are kept under lock and key and out of children's reach? Yes No

Eq. Code _____



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DAY CAMPS Continued:

34. Do you provide transportation for campers for any reason? Yes No If Yes, give details: _____

(if yes, we require a certificate of insurance from your auto insurance carrier and complete driver information on all drivers)

HORSE SALE: Check if NO Exposure

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

1. What are your annual gross receipts for Horse Sales? \$ _____
2. Provide the estimated number of horses sold annually: _____
3. Is the buyer allowed to "test" ride? Yes No If Yes, describe: 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/brokers)? Yes No If Yes, it is MANDATORY that you use a Hold Harmless Agreement.
7. Provide the number of horses sold annually that are: Owned by you _____ Owned by others _____
8. Do you give any representations, guarantees or warranties? Yes No Give details: _____
9. What are the average values of horses you will be selling? \$ _____ Maximum Value: \$ _____

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.



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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 Signature

Date

Print Name

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.

CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

Applicant Name _____



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

Certificate Holder Definitions

Additional Insured's, if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim. *Proof of insurance* will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**
Check all that apply: **ASSISTANT/STAFF** **LANDOWNER** **FACILITY OWNER** **SPONSOR** **EQUIPMENT LESSOR**

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ **Email:** _____

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**
Check all that apply : **ASSISTANT/STAFF** **LANDOWNER** **FACILITY OWNER** **SPONSOR** **EQUIPMENT LESSOR**

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ **Email:** _____

CERTIFICATE HOLDER (Select One) **PROOF OF INSURANCE** **ADDITIONAL INSURED (AI)**
Check all that apply : **ASSISTANT/STAFF** **LANDOWNER** **FACILITY OWNER** **SPONSOR** **EQUIPMENT LESSOR**

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ **Email:** _____



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LEFT BLANK FOR ADDITIONAL INFORMATION.