

AKC® CLUB LIABILITY/ACCIDENT INSURANCE APPLICATION

Exclusively for affiliated clubs of the American Kennel Club®

IF NEW POLICY DESIRED EFFECTIVE DATE: _____

CLUB NAME: _____ CONTACT OR CLUB PHONE: _____

IF YOU HAVE MEMBER/AFFILIATED CLUBS, they will need to purchase separate insurance. This policy will provide coverage for the named insured (this club) only as listed above.

CONTACT NAME & TITLE: _____ Email Address _____

Mailing Address:(Contact) _____

STREET CITY/STATE ZIP

Physical Address: (Club) _____

STREET CITY/STATE ZIP

Club Website: _____

Provide two other names that will have permission to make requests on behalf of this club: **IMPORTANT only the person listed as the contact (above) and the two person(s) listed below will have authority to request information on behalf of this club.**

1) Name & Title _____ Email _____ Phone _____

2) Name & Title _____ Email _____ Phone _____

UNDERWRITING QUESTIONS (please answer completely)

- DO YOU EVER USE LIVE AMMUNITION DURING AN EVENT? Yes No
- DO YOU EVER USE HORSES DURING AN EVENT? Yes No
- HAVE YOU HAD ANY LOSSES, CLAIMS OR OCCURRENCES THAT COULD RESULT IN A CLAIM IN THE LAST 5 YEARS? Yes No *If yes, please provide description on separate sheet of paper and attach to application*
- IS YOUR CLUB AFFILIATED WITH AKC? _____ NUMBER OF CLUB MEMBERS _____
- PLEASE CHECK YOUR CLUB TYPE AND ALL TRAINING, SERVICES, AND EVENTS SPONSORED BY YOUR CLUB IN A 12 MONTH PERIOD:

CLUB TYPE: MEMBER AGILITY CONFORMATION NATIONAL (parent) OBEDIENCE
 PERFORMANCE TRACKING TRAINING

TRAINING, SERVICES AND EVENTS: MEETINGS ALL BREED SHOW MATCH SHOWS A OR B FUN MATCHES
 HERDING FIELD TRIALS LURE COURSING CLASSES/SEMINARS HUNTS/HUNT TESTS
 AGILITY TRIALS RALLY OBEDIENCE COURSING ABILITY TEST EARTHDOG SPECIALTY

LARGE EVENTS with more than 10,000 spectators Yes No (If yes, a separate policy is required)

BREED RESCUE (check the option below that best describes your club)

THIS CLUB DOES NOT PERFORM ANY RESCUE FUNCTIONS UNDER THIS CLUB NAME

THIS CLUB PERFORMS RESCUE FUNCTIONS AS PART OF THE CLUB ACTIVITIES AND WISHES TO HAVE INSURANCE COVERAGE

OUR RESCUE FUNCTIONS ARE PERFORMED UNDER A SEPARATE ENTITY (e.g. 501C, LLC etc.)

AND WE WOULD LIKE A QUOTE YES NO PROVIDE THE NAME OF RESCUE GROUP _____

6. DOES YOUR CLUBS OPERATIONS INCLUDE DOG TRAINING ACTIVITIES? Yes No

DESCRIBE TYPE OF TRAINING ACTIVITIES: _____

6.a. DOG TRAINING PROVIDED TO CLUB MEMBERS ONLY Yes No

6.b. DOG TRAINING PROVIDED TO THE GENERAL PUBLIC FOR A FEE Yes No

6.b.1. TRAINING/INSTRUCTION IS GIVEN BY CLUB MEMBERS Yes No

(No coverage provided by this policy for training by non-club members)

CLUB GROSS ANNUAL RECEIPTS FROM TRAINING TO THE GENERAL PUBLIC? _____

YES, I'M INTERESTED IN INSURANCE INFORMATION FOR: Directors & Officers Insurance Fidelity/Crime Coverage

NO, I'm **not interested** in insurance information for: Professional Liability for Trainers Cyber Liability

*****Please Note This Policy Premium is Subject to a Minimum Earned Premium of 250.00*****

Please refer to the Master Policy for Specific Policy Terms, Conditions and Exclusions.

Please Note—if you reside in the following states additional information will be required: AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY

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RATING WORKSHEET FOR ANNUAL POLICY

STEP 1- STANDARD POLICY LIMITS

A. General Liability:

| | |
|--|-------------|
| Occurrence Limit | \$1,000,000 |
| Property Loaned to or rented to club in their Care, Custody or Control | \$25,000 |
| Aggregate Limit | \$2,000,000 |
| Products and Completed Operations | \$2,000,000 |
| Medical Payments | \$5,000 |
| Fire Legal Liability | \$100,000 |

Inland Marine:

Club Owned Property \$1,000 per item / \$5,000 Aggregate
 (Property owned by members not covered)

B. Accidental Death and Dismemberment:

Up to a \$40,000 Death Benefit (over age 18) / 1,000,000 Aggregate

Medical Expense Benefits:

Up to \$10,000 Subject to \$100 Deductible

This is a brief description of coverages provided by policies; please see the actual policies for all terms and conditions.

STEP 1 PREMIUM: \$600.00

STEP 2- ADDITIONAL OPTIONS

A. I want general liability coverage for Training to the General Public (professional liability coverage not included)

Yes

| | | |
|--|----------------------------------|----------|
| Club Gross Annual Receipts: | \$0 to \$25,000 = \$100.00 | |
| (training only, gross annual receipts) | \$25,001 to \$50,000= \$150.00 | |
| | \$50,001 to \$100,000 = \$200.00 | |
| | \$100,001 to \$150,000= \$300.00 | |
| | \$150,001 + =Submit for Rate | \$ _____ |

No, I do not want general liability coverage for training to the general public

B. I want coverage for Increased Club Owned Property (equipment) Value & Limits, above the \$1,000/\$5,000 (\$100 deductible applies) included

Yes \$ _____

| MAX VALUE PER ITEM | AGGREGATE LIMIT | DEDUCTIBLE | PREMIUM |
|--------------------|-----------------|------------|----------|
| \$5,000 | \$10,000 | \$250.00 | \$200.00 |
| \$10,000 | \$20,000 | \$500.00 | \$400.00 |

No, I do not want increased club owned property value & limits

Total of Steps 1+2 = \$ _____

Checklist

I SIGNED AND DATED PAGE 3

I CHOOSE YES OR NO FOR STEP 2, A & B, ABOVE

I INCLUDE MY STATE SPECIFIC FORM IF I RESIDE IN AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV, OR WY

I MADE MY CHECK PAYABLE TO EQUISURE FOR THE ABOVE TOTAL OF STEPS 1 & 2

Visit Our Website at www.equisure-inc.com

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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 application 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.



REQUIRED - Authorized Club Representative (please print) _____

Signature: _____ **Date:** _____

CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please Type or Print Clearly.

ALL CERTIFICATES REQUESTED BELOW WILL BE EMAILED TO THE CLUB CONTACT ON THIS PAGE FOR DISTRIBUTION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN AGREED.

Club Name _____ Name of Person Requesting Certificate(s) _____

Your Tel # _____ Your Email Address _____

NOTE: Please refer to any contracts or agreement the club has signed when 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.**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_

**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_

**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Assistant</b> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_

**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_