



EQUINE CLUB/ASSOCIATION LIABILITY APPLICATION - RENEWAL

THIS APPLICATION IS TO APPLY FOR INSURANCE AND 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

1.1. Club Name: _____ Club Contact: _____

1.2. Mailing Address: _____ City _____ State _____ Zip _____

1.3. Physical Address: _____ City _____ State _____ Zip _____

1.4. Telephone # _____ Email _____ Club Website _____

1.5. Authorized Contact: Provide two other names that will have permission to make requests on behalf of the club: Important only the person listed as the contact above and the two persons listed below will have authority to request information and make changes on behalf of the club.

1.5.a. Name/Title: _____ Email: _____ Phone: _____

1.5.b. Name/Title: _____ Email: _____ Phone: _____

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

1.7. Provide Description of the Club Purpose/Mission Statement: _____

1.8. Select All that Apply: Dressage Driving Endurance Gymkhana Trail Ride Other: _____

SECTION 2: COVERAGE LIMITS INFORMATION

2.1. Limit of Liability: I wish to maintain same limits as expiring policy.

I wish to Increase or Decrease my Liability Limits

2.2. 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.

SECTION 3: UNDERWRITING INFORMATION

3.1. Number of Club Members: Individuals _____ Families _____ One Day Memberships: (ANNUAL) _____

3.2. Sub Clubs/Regions/Affiliates/Chapters: # _____ (Provide List on Separate Paper)

(Sub Clubs include but are not limited to Regions, Chapters, Zones or Affiliate Clubs or Affiliate Groups for whom will share the limit. These entities should purchase their own insurance if they have their own Tax ID, By-Laws or Articles of Incorporation.)

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.

3.3. Is Liquor permitted or served at any of the Club functions? Yes No Yes, provide details:

Catered by an outside company Brought by the club member 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.

3.4. Does the club provide a horse registry service? Yes No - Note: This policy does not provide coverage for horse registry.

3.5. Does the club provide any training or instruction? Yes No

3.5.a. Do Trainers/Instructors have Professional Liability Insurance? Yes No - *Note this policy does not include coverage for Professional Liability

3.6. Is the Club responsible for maintenance of any trails? Yes No If Yes, please check all that apply:

Tree Pruning Trail Clearing/Cleaning Other _____

(Trail maintenance other than Tree Pruning and Trail Clearing/Cleaning must be described above and submitted for rating.)

3.7. Specify the Dates for each club activity on the next page. If dates are not known please do not include them as they may be added during the Policy term for additional premium. **Refunds are not available on any dates that were declared but not used. Please make a copy of page 2 of this application to submit additional activities during the policy term.**



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CHART A (Club Activities) -CLUB MEETINGS AUTOMATICALLY INCLUDED

Event Type	Name of Event & Event Dates (If Known Only)	# of DAYS
Meetings	No Dates Needed- Automatically Included	
Gymkhana/Roping		
Demonstrations		
Driving Events		
Fun/Play Days		
Clinics		
Exhibit Booth/Non-Mounted		
Other: (Describe, Example: Banquet, Practice Days)		
		Total # of Days

CHART B (Additional Equine Activities)

Event Type	Name of Event & Event Dates (If Known Only)	# of DAYS
Trail Rides		Open to the Public? ___ No ___ Yes, if yes submit for rate.
Parades		
Fundraisers with Receipts under \$1000.00		Est. Gross Annual Receipts?
Fundraisers with Receipts over \$1000.00 (Submit for Rate)		Est. Gross Annual Receipts?
		Total # of Days

CHART C (Sanctioned Shows) - Do you wish to include Sanctioned Shows on this policy? ___ Yes ___ No: If No go to Chart D

(Sanctioned Shows includes but are not limited to events sanctioned by: USEF, AHA, USHJA, USDF, AQHA, NCHA, ASHA and AMHA)

Event Type	Name of Show & Event Dates	# of Actual Competition DAYS	# of Set Up Dates	# of Take Down Dates	Estimated # of Spectators	Sanctioning #	Sanctioning Body
Sanctioned Shows							
		Total # of Actual Competition Days					

CHART D (Non-Sanctioned Shows /Schooling Shows)

Event Type	Name of Show & Event Dates (If Known Only)	Estimated # of Spectators	# of Set Up Dates	# of Take Down Dates	# of Actual Competition DAYS
Non-Sanctioned Shows/Schooling Shows					

CHART E (Boarded/Club Owned Horses)

Horse Breakdown	# of Horses	Total # of Actual Competition Days
# of Club Owned Horses		
# of Boarded Horses-(Non-Owned)		
Total # of Horses		

*****Additional activities may be added during the policy term for additional premium and underwriting approval.*****



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3.8. Club owned or leased facility and/or acres:

- 3.8.a. Does the Club lease Acres? No Yes: # of Acres _____ If Yes, do you sublease for any reason? No Yes
If Yes for sublease, explain: _____
- 3.8.b. Does the Club own Acres? No Yes: # of Acres _____ If Yes, do you sublease? No Yes
If Yes for sublease, explain: _____
- 3.8.c. Does Club/applicant have other Liability insurance for Owned Acres/Buildings? Yes No
(The policy you are applying for, will not include coverage for any owned/leased buildings)
If Yes, Provide: Carrier _____ Policy # _____ Effective Date _____
Please explain and submit guidelines for use of the leased/owned acres. _____

3.9. Any changes in Clubs' operation in the last 12 months? Yes No If Yes, describe _____

3.10. Does the Club supply food, manufacture and/or repair any goods sold? Yes No If Yes, describe _____
If yes, please note that Products Liability is excluded from the policy for goods sold or manufactured by the club.

3.11. Do you obtain a liability release signed by all participants for all equine events? Yes No
3.5.a. Have you made any changes to your release since last year? No Yes If yes, a copy must accompany this application.

MANDATORY REQUIREMENT: 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.*

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.

SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval.

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

4.1. a. None Pony Rides Horse Drawn Vehicle Rides Day Camps Horse Sales Other (describe) _____

b. Do you wish to obtain a quote for the above activities? Yes No (If Yes, we will send a supplemental application, or you can download the supplemental application(s) from our website, and forward it 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.*

4.2. Does the Club lease or own any ATV's or Golf Carts for use during the equestrian activities declared on this application? Yes No

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

If Yes, indicate number: _____ **Explain use:** _____

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.

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



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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 Signature

Date

Print Name

Please Note—if your Physical Address is in one of the following states additional information will be required prior to policy issuance: AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY



To cut down on our paper consumption, we now offer electronic policy delivery. Please check one of the boxes below. (If a box is not checked, we will deliver your policy via the US Postal Service.)

____ - I prefer to receive my policy documents via hard copy in the mail.

____ - I prefer to receive my policy documents via e-mail.



CERTIFICATE of INSURANCE REQUEST FORM

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

Insured/Customer Code: _____

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.

___ CHECK HERE IF YOU WOULD LIKE THE SAME CERTIFICATES AS EXPIRING

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

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____



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PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

Applicant's Name* _____

Address* _____ City * _____ State* _____ Zip* _____

Phone* _____ Fax _____

Email* _____ ** required*

Select option and complete payment information below.

___ **OPTION 1: Request Quote Only (No payment enclosed)**

___ **OPTION 2: Full Payment**

___ **Credit Card (check one):** ___ VISA or ___ MasterCard **Amount Authorized \$** _____

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration date: ____/____

Signature as shown on Credit Card _____

We do not accept American Express or Discover

___ **Check or Money Order (made payable to: *Equisure, Inc.*)** - enclosed for financing down payment or full premium of: \$ _____