



AFFILIATE EQUINE CLUB/ASSOCIATION LIABILITY SUPPLEMENT

THIS APPLICATION IS USED FOR AFFILIATE CLUBS TO DECLARE ACTIVITIES SPECIFIC TO THEIR CLUB OR REGION. YOUR CLUB WILL BE AN ADDITIONAL INSURED ON THE POLICY AND WILL SHARE LIMITS AND COVERAGES CHOSEN BY THE NAMED INSURED LISTED IN #1 BELOW
COMPLETE IN BLUE OR BLACK INK ONLY

SECTION 1: APPLICANT INFORMATION

- 1.1. Applicant Name or Parent Club: _____
- 1.2. Name of Region/Chapter/Sub Club requesting to share limits with the affiliated above Association or Club
 - 1.2.1. Name of Club: _____
 - 1.2.2. Address: _____ City _____ State _____ Zip _____
 - 1.2.3. Website if different than applicant in 1.1 above: _____
- 1.3. **Authorized Contact:** Provide the name of individual that will have permission to make requests on behalf of the club: Important- only the person listed as the contact below will have authority to request information and make changes on behalf of the club.
 - Name/Title: _____ Email: _____ Phone: _____
 - Name/Title: _____ Email: _____ Phone: _____
- 1.4. Is Applicant 18 or older? Yes No

SECTION 2: UNDERWRITING INFORMATION

- 2.1. Number of Members: Individuals _____ Families _____
One Day Memberships: (TOTAL ANNUAL) _____
- 2.2. Declared Club Activities: Specify the Dates for each club activity. 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 this page to submit additional activities during the policy term.

In the tables below list ONLY the activities specific to the applicant listed in #1.2 above.

Section 1 (Club Activities)

Event Type	Name of Event & Event Dates (If Known Only) in the next 12 months	# of DAYS
Meetings (no riding activities)		
Gymkhana/Roping		
Demonstrations		
Driving Events		
Fun/Play Days		
Clinics		
Exhibit Booth/Non-Mounted		
Other: (Describe, Example: Banquet, Practice Days)		

Total # of Days

Section 2 (Club Activities)

Event Type	Name of Event & Event Dates (If Known Only) in the next 12 months	# of DAYS
Trail Rides – open to other than members		
Trail Rides – Members Only		
Parades – Members Only		
Fundraisers - NO RIDING	Est. Projected Funds Raised \$ _____	
Fundraisers – WITH RIDING	Est. Projected Funds Raised \$ _____	
Other: (Describe)		

Total # of Days

Section 3 (Shows)

(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	

(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					
					Total # of Actual Competition Days

Section 4 (Boarded/Club Owned Horses)

Horse Categories	# of Horses
# of Club Owned Horses	
# of Boarded Horses	
Total # of Horses	

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

2.3. Describe any non-equestrian member-only activities your club engages in not already declared above:

2.4. Will Liquor be permitted or served at any your club functions? ___ No ___ Yes 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.

2.5. Does your club provide any training or instruction? ___ Yes ___ No

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

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

___ Tree Pruning ___ Trail Clearing/Cleaning ___ Other _____
 ___ Tree Removal ___ Bridge Construction ___ Bridge Maintenance

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

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

Does the Club lease Acres? ___ No ___ Yes: # of Acres _____ If Yes, do you sublease for any reason? ___ No ___ Yes
 If Yes for sublease, explain: _____

Does the Club own Acres? ___ No ___ Yes: # of Acres _____ If Yes, do you sublease? ___ No ___ Yes
 If Yes for sublease, explain: _____

Does Club/applicant have other insurance for Owned Acres or 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 how you use any owned leased/owned acres. _____

2.8. 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 insured.

2.9. Do you obtain a liability release waiver signed by all members, volunteers and participants for all equine events? Yes No
Copy Attached? Yes No

2.10. 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 and type: _____ 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.

SECTION 3: INSURANCE HISTORY

3.1. Has the Club had General Liability Insurance before? Yes No

Insurance Company: _____ *Expiration Date:* _____

Liability Coverage Limit: \$ *Policy Premium:* \$ _____

3.2. Has the Club (applicant) been cancelled or refused coverage in the last 3 years? Yes No If Yes, please explain:

3.3. Has the club had any losses or claims within the past 3 years? Yes No If Yes, describe the loss(es) or claim including details, date and amount paid. _____ (*Loss history may be required for current carrier*)

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.

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.*

The insurance being applied for, will be shared limits.

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.



Authorized Signature

Date

Print Name

**Additional activities may be added during the policy term for additional premium and underwriting approval.
There is no coverage for any activity that is not declared.**