

Quick Reference for Clubs

This guide explains which events qualify as **official club activities** and how to ensure they meet recognition and reporting requirements. Official activities must be inclusive, formally organized, documented, and aligned with the club's mission. Informal or selective gatherings do not qualify.

✔ An Activity Qualifies if ALL Are True

Open to All Members

- All members are invited or have the opportunity to participate
- Not limited to a private or select group

Formally Organized

- Planned in advance by the club, board, or committee
- Approved or discussed through official club communication
- Has a clear purpose (education, training, outreach, sporting, or club-related social)

Documented

- Recorded in minutes, calendars, newsletters, or reports
- Has a designated organizer or point of contact

Aligned With Club Purpose

- Supports education, sportsmanship, breed preservation, outreach, or responsible dog ownership

✔ Examples of Qualifying Activities

- Club-organized CGC tests or fun matches
- Club meetings or educational seminars
- Club-hosted public outreach events
- Officially announced holiday parties or picnics

✘ Activities That Do Not Qualify

- Small group meetups not organized or announced by the club
- Informal or unofficial training or practice sessions
- Social gatherings without club sponsorship or communication
- Events attended individually without official club organization



How to Make Sure an Event Counts

- Announce through official club channels
- Assign an organizer or committee
- Include in minutes, calendars, or newsletters
- Keep basic records (attendance, photos, sign-in sheets when possible)

✔ Official Club Activity Checklist

- Planned or approved by the club
- Open to all members
- Communicated through official channels
- Organizer or committee assigned
- Supports club mission
- Documented in club records

Questions?

If unsure whether an activity qualifies, contact Equisure, Inc. before submitting.

DISCLAIMER

This application is used to apply for insurance but does **not** constitute a binding agreement or provide coverage. Coverage is not effective until approval from the underwriting department. Please ensure that your application is complete, accurate, and signed. **Incomplete applications will be returned** for further information or corrections. Your application will be reviewed by our underwriting team, and coverage will only be bound once we have formal approval. The receipt of the premium payment does not bind coverage.

Section 1 Club Information

- 1.1 Club Name: _____ Desired Effective Date _____
 1.2 Primary Club Contact Name & Title: _____ Email Address: _____
 1.3 Club Website Address: _____ Contact Telephone: _____
 1.4 Is application an Equisure Renewal? Yes No
 1.5 Mailing Address (1.2 above) _____ City _____ State _____ Zip _____
 1.6 Physical Address (Club): **REQUIRED** _____ City _____ State _____ Zip _____

IMPORTANT only the person listed as the primary contact (above) and the two secondary contact(s) listed below will have authority to request information or request changes on behalf of the club. Please indicate additional contacts below:

Secondary Contact Names (First and Last)	Board Position	Email Address	Phone #

- 1.7 Is the club member or affiliated with AKC? Yes No
 1.8 Total number of club members: _____
 1.9 **If new to Equisure**, does the club currently have or previously carried liability insurance? Yes No **If yes**, complete table below. If no, please explain why no prior insurance _____

Insurance Company	Coverage Limits	Annual Premium	Expiration Date

- 1.10 Has the club experienced any losses in the past 5 years? Yes No

** If losses, detail claims/losses with dates, details, & amount paid on a separate piece of paper and submit. A Loss History may be required.

Section 2 Club Type

- 2.1 **Club Type (check all that apply)** Parent Specialty All Breed Specialty (single breed) Group (limited breed)
 Obedience Tracking Agility Rally Field Trial Hunting Test
 Herding Coonhound Lure Coursing Earthdog and Scent Work

Section 3 Training Activities to Non-Members

Check if **NO** exposure
 Check if **DECLINING** coverage

- 3.1 Does your club provide training, instruction, classes, seminars, or similar activities to non-members? Yes No

- ❖ This includes all training activities regardless of whether fees are charged and whether or not dogs are present.
- ❖ If yes, Tier 2 coverage and premium are required.
 - a. If yes, Gross Annual Receipts (GAR, income before expenses): \$_____ If training gross annual receipts exceed **\$50,000**, an additional premium will be required.
 - b. Describe the type of training activities provided (e.g., obedience, CGC, agility etc.) please be specific

Ineligible training: search and rescue, service dog, guard dog or protection, grooming

- c. For training activities, the club is required to obtain a signed release/waiver from all participants. A copy of the waiver form currently in use must accompany this application. Coverage cannot be provided if a release/waiver form is not used.

Section 4 **Dog Rescue Activities** Check if **NO** exposure
Check if **DECLINING** coverage

4.1 Check the statement(s) below that best describe your club's dog rescue activities

- Rescue and rehome **fewer** than 20 dogs per year
 Rescue and rehome **more** than 20 dogs per year (submit for approval)
 All rescue activities are conducted under the exact same legal name and Federal ID (EIN) as the applying dog club, and not under a separate legal entity (e.g., LLC, Corporation, 501(c) (3), etc.)?

4.2 Does the club obtain signed and dated release/waiver agreements from all foster homes, volunteers, adopters, and any individuals involved in rehoming or similar rescue activities? Yes No

A copy of the release/waiver is required and must accompany this application. Coverage for rescue activities will not apply without submission of the waiver.

Section 5 **Rating and Coverage Options**

STANDARD POLICY LIMITS

A. General Liability:

- \$1,000,000** – Each Accident
- \$2,000,000** – Products/Completed Operations Aggregate
- \$2,000,000** – Policy Aggregate (non-products/completed ops), with sub-limits:
 - o **\$1,000,000** – Personal & Advertising Injury (per offense)
 - o **\$100,000** – Fire Legal Liability (per fire/in aggregate)
 - o **\$25,000** – Property in Care, Custody or Control (per claim)
 - o **\$5,000** – Medical Payments (per accident)

B. Accidental Death & Dismemberment: Up to **\$40,000** Death Benefit (age greater than age 18)

C. Excess Medical Expense Benefits: Up to **\$10,000**, subject to **\$100 deductible**

	Tier 1 <i>Standard Club Activities</i>	Tier 2 <i>Plus expanded Training</i>	Tier 3 <i>Plus Rescue coverage</i>
Premium + Accident coverage	\$600 annually	\$750 annually	\$900 annually
Application sections	1 & 2	1, 2 & 3	1, 2,3 & 4
Meetings, shows, matches, member training	✓	✓	✓
Member educational events, social gatherings	✓	✓	✓
Fundraising activities with income Up to \$10,000 annually	✓	✓	✓
Club-owned property: \$1,000 per item/\$5,000 total	✓	✓	✓
Dog Training and similar activities open to non-members (with or without a fee)		✓	✓
Total club gross receipts from training: Up to \$50,000		✓	✓
Breed rescue for the breed affiliated with the named insured and under the same tax ID. These activities must include waivers, foster agreements, and adoption agreements in the name of the applicant.			✓

Accept Accept Accept

******Please note, this policy is subject to a minimum earned premium of 250.00******

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

Tier selection Premium \$ _____

ADDITIONAL OPTIONS		YES	NO
Raise the policy aggregate to \$3,000,000 (An additional premium will apply. Please submit for quote)		<input type="radio"/>	<input type="radio"/>
Include coverage for a large event, GAR over \$10,000 annually GAR-Gross Annual Receipts outside any training, i.e. income before expenses (An additional premium will apply. Please submit for quote)		<input type="radio"/>	<input type="radio"/>
General liability coverage for Training to Non-Members (Professional liability coverage not included)		<input type="radio"/>	<input type="radio"/>
		Gross Annual Receipts (Training to non-members)	Annual Premium
		<input type="radio"/> \$50,001-100,000	\$200.00
		<input type="radio"/> \$100,001-150,000	\$300.00
Club-Owned Property: Included: \$1,000 any one item, \$5,000 aggregate, \$100 deductible			
Increase coverage for Club-Owned Property (select option below)		<input type="radio"/>	<input type="radio"/>
Max Value Per Item	Aggregate Limit	Deductible	Premium
<input type="radio"/> \$5,000	\$10,000	\$250.00	\$200.00
<input type="radio"/> \$10,000	\$20,000	\$500.00	\$400.00
<input type="radio"/> \$15,000	\$30,000	\$750.00	\$715.00

Additional Options Premium \$ _____

Total Premium \$ _____

If you are submitting your application and need a quote for additional options you will receive a separate bill and email, but coverage will not apply until underwritten and premium paid.

TERMS AND CONDITIONS

I acknowledge that this application is applicable to **Dog Club Liability/Accident Insurance only**. I understand that no other coverage is included, and that any additional coverage(s) must be purchased separately. I acknowledge that I have read and agree to the following Terms and Conditions.

- I. All quotes provided are good faith estimates only and are based on information provided to us by the customer, and by the insurance companies quoting. All quotes are subject to underwriting rules and requirements, such as loss history. Various cancellation penalties and minimum earned premiums may apply. **A \$250 minimum earned premium will apply.**
- II. The insured expressly grants the agency the authority to cancel any or all policies to recover monies due because of non-payment of premium on any policy.
- III. It is imperative that all claims be reported promptly to the agency or the insurance company in writing.
- IV. The agency endeavors to explain coverages and available options but makes no claim or warranty that all coverages or options have been offered. It is the buyer's sole responsibility to judge the suitability of the insurance program for their purposes and to understand the limits, perils insured against, exclusions, and limitations of the policies they buy.
- V. All coverages are afforded by a written binder or by a company issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. The insurance company must issue all additions, deletions, or other changes to be valid.
- VI. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, or any desired changes to limits or coverages.
- VII. Some policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States.

Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

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 applies 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.

CERTIFICATE OF INSURANCE REQUEST FORM

All certificates will be sent to the club contact listed in 1.2 for distribution unless special arrangements have been agreed. This page can be used to request additional certificates during the policy term by sending the completed form to info@equisure-inc.com.

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

Your Email Address: _____ Your Tel # _____

- **Additional Insured:** will provide insurance coverage to holder, if involved in a covered claim
- **Proof of insurance:** certificate proving insurance, no coverage provided to holder

Certificate of Insurance Request #1

Certificate holder name: _____ Attn: _____

Full mailing address (REQUIRED): _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holders' interest is: Landowner Facility owner Sponsor Equipment Lessor

Event Name, start and end dates of event needing the certificate: _____

Certificate of Insurance Request #2

Certificate holder name: _____ Attn: _____

Full mailing address (REQUIRED): _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holders' interest is: Landowner Facility owner Sponsor Equipment Lessor

Event Name, start and end dates of event needing the certificate: _____

Certificate of Insurance Request #3

Certificate holder name: _____ Attn: _____

Full mailing address (REQUIRED): _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holders' interest is: Landowner Facility owner Sponsor Equipment Lessor

Event Name, start and end dates of event needing the certificate: _____

Refer to your contract when selecting the appropriate certificate type. Detail below any contact or specific wording required.
