

Riding Clubs and Associations Liability Application

Insured Name and Address Phone # Day: Night: Fax #: E-mail:	Policy Number: Agent Name: Agent Billpoint: Agent Phone #: Agent Fax #: Agent E-mail: Payment Plan: Direct Bill Agency Bill Bill Plan: Policy Period: From to
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Does Organization (Check One): Own _____ Lease _____ Rent _____

Please give Location if different from above: _____

What is the maximum number of Club Members: _____

Annual policy includes coverage for up to 5 Public Event Days. Public Event Days means a planned and publicized club activity where members of the general public are invited to attend as spectators, participants, or as both spectators and participants. (i.e., Parades).

Note: Standard rating includes one day of set-up and one day of takedown per Event.

Indicate below all Event/Show Days:

Name of Event	Number of Days	Start Date	Ending Date	# of Participants	# of Spectators
Show Days					
Clinic Days					
Hunt Days					
Rodeo Days					
Gymkhana Days					
Parade Days					
Other: (specify)					

Do you obtain signed releases from all participants for all equine events if they are not club members? Yes No (If yes, please supply a copy)

Do you have an EMT present at all shows & clinics? Yes No

If yes, do you obtain proof of Insurance or a certificate of Insurance from the EMT? Yes No

Prior Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for dates that have not been declared to the company in advance of the Show.

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Please List All Individuals/Organizations that you are requesting to be added as Additional Insured(s). Individuals or organizations must have financial control over the applicant for consideration in adding as Additional Insured.

Additional Insured Name: _____ Relationship: _____

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Past and/or present Insurance Company: _____ Coverage Period: _____

HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? Yes No

Explain all claims and reported incidents for the past 3 years. Give dates, cause of loss and amount paid:

Have you had coverage cancelled or refused in the past 3 years? Yes No

If 'Yes', please explain:

Coverage H : Bodily Injury and Property Damage Liability

Coverage I : Personal Injury & Advertising Injury Liability / Coverage E : Tack Coverage

Occurrence/Aggregate Limit (Check One Limit for Coverage H & I)	Tack Coverage (Check Limit If Desired)	Declination of Coverage I Check appropriate space below if you wish to Decline all of Coverage I or Advertising Injury Liability Coverage
\$300,000/\$600,000	<input type="checkbox"/> \$5,000 Limit	<input type="checkbox"/> I Decline Personal & Advertising Injury Liability Coverage
\$500,000/\$1,000,000	<input type="checkbox"/> \$10,000 Limit	<input type="checkbox"/> I Decline Advertising Injury Liability Coverage
\$1,000,000/\$2,000,000	<input type="checkbox"/> I Decline Tack Coverage	

Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Are Available Upon Request. Higher Limit For Tack Coverage is Available. Complete Tack Coverage Supplemental Schedule. No Coverage will be provided for Horse Races.

All Applications Must Be Signed And Dated.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

_____ Date

_____ Signature of Applicant

TACK COVERAGE (Equestrian Equipment Only) – \$5,000 coverage with higher limits available.

List Schedule of Tack

Item	# of Items	Item Price	Total Value
Saddles			
Bits, Bridles, Reins			
Blankets, Hoods			
Sheets, Coolers			
Grooming Equipment			
Buggles			

List Any Other Tack Items Below

Item	# of Items	Item Price	Total Value

PLEASE ANSWER THE FOLLOWING – FIRE PROTECTION CREDIT TO YOUR PREMIUM CHARGE MAY APPLY:

How many miles is it to the nearest Fire Department in relation to where the above Tack is primarily stored? _____

How many feet to nearest hydrant/water pump in relation to where the above Tack is primarily stored? _____

Agent's Use Only

I ___ have ___ have not inspected the premises. I found the horsemanship to be ___excellent ___good ___fair ___poor.

Agent's Signature: _____ Date: _____

FRAUD 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 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: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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 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 YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 for each such violation.

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.

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: WARNING: 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 with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

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 subject the person to criminal and civil penalties.