

Equine Commercial General Liability

Argonaut Insurance Company

Exclusively Underwritten By



Broker: **Athena Insurance and Financial Services** 209 223-1870

Broker License Number: **CA 0588228 | National 2709340**

Policy and/or Renewal #: _____

Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____

Mailing Address: _____ Contact Person: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease Pay Plan Desired? Yes No **Ask your broker for more information.**

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? *(Not applicable in Missouri.)* Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

If yes, attach a separate sheet and explain.

Limits of Liability

Each Occurrence Limit (Select one)		\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit		\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)		\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000	\$2,000,000
Triple Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	NA	NA	\$3,000,000
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>				
Excess Coverage desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)</i>		
Excess limits (Each Occurrence and General Aggregate)		\$1m <input type="checkbox"/>	\$2m <input type="checkbox"/>	\$3m <input type="checkbox"/> \$4m <input type="checkbox"/> \$5m <input type="checkbox"/>

Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Products and Completed Operations desired	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race Horse Owner's Liability desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal and Advertising Injury desired	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equine Professional Liability desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comprehensive Personal Liability desired	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(Only available with Farm Property coverage)</i>			

Comprehensive Only Coverage (Only available with Farm Property coverage)

Comprehensive Personal Liability Coverage Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Only available with Farm Property coverage)</i>		
Equine Personal Liability desired	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Each Occurrence Limit (Select one)		\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit (Not available in Illinois)		\$600,000	\$1,000,000	\$2,000,000
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: _____ Address: _____ Relationship: _____

- 1. _____
- 2. _____
- 3. _____

Summary of Equine Activities

Description of your operation: _____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

- | | | |
|--|---|-----------------------------|
| 24-hour supervision of facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Emergency numbers posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Safety & Barn Rules posted and written out | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> |
| Current liability waivers utilized | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> |
| State Equine Activity signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fire Drills conducted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No Smoking signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Smoke Alarms | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Smoking allowed in barns | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shoes with heels required for riders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Riding Helmets are Required:

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own: _____

Total number of horses you lease from others: _____

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Maximum number of horses used for **Riding Instruction / School Horses**: _____

Do you use any horses for driving, pulling, or work? Yes No

If yes, please explain: _____

Do you own Race Horses? Yes No If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) _____

Breeding Yes No Average Stud Fee charged: \$ _____

Total number of stallions standing stud (Live and Artificial Insemination) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and Artificial Insemination) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____

Total number of stalls on premises: _____

Horse Sales		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
How many horses do you sell annually:	Owned by you: _____	Owned by others: _____		Total: _____		
Average value of horses sold:	Owned by you: \$ _____	Owned by others: \$ _____				
Training		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Average number of horses in full training monthly, including Independent Trainers' On Premises Training : _____						
Average number of training rides weekly on horses not in full training: _____						
Independent Trainers		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
Riding Instruction		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anyone under 21 giving riding instruction: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of instruction: _____						
<i>Operation's Total Riding Instruction, both On and Off Premises, including Independent Instructors' On Premises Instruction.</i>						
Total lessons given annually:	_____	Average number of weekly lessons given on Client's Own horse(s):		_____		
Average cost per lesson:	\$ _____	Average number of weekly lessons given on School/Insured's horse(s):		_____		
Any Day Camp activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, the Equestrian Day Camp Supplemental Application must be completed.)</i>			
Independent Instructors		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
Officiating/Judging		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging / Officiating annually: _____		
On Premises Riding Clinics		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
Off Premises Riding Clinics		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
Note: <i>If dates have not been set, <u>Written Notice</u> of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.</i>						
Host Shows / Events		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.</i>		
Hosted Sanctioned Show Days per year: _____		Sanctioning Organization(s): _____				
Event/Show date(s): _____						
Description of event: _____ Description of event activities: _____						
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____ Maximum				
number of participants: _____		Maximum number of spectators: _____				
Hosted Non-Sanctioned Show Days per year: _____						
Event/Show date(s): _____						
Description of event: _____ Description of event activities: _____						
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____				
Maximum number of participants: _____		Maximum number of spectators: _____				
Note: <i>If dates have not been set, <u>Written Notice</u> of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.</i>						
Tack Store / Retail Sales		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Tack manufacturing and repair not eligible.)</i> Annual Gross Revenue from Sales: _____		
If yes, please describe types of items sold and locations where items are sold: _____						

Arena / Facility Rentals

Do you rent your facility to others?

Yes No

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony Rides

Yes No (If yes, the Pony Rides Supplemental Application must be completed.)

Horse Drawn Vehicle Rides

Yes No (If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)

Do you own dogs?

Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility or at any events you host?

Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.)

Yes No

Other animals on premises?

Yes No If yes, how many, what type, and for what purpose: _____

Hunting on premises?

Yes No If yes, by: Owners Others Do you charge a fee? Yes No

Please explain hunting activities: _____

Swimming pool on premises?

Yes No

If yes, do you have a security fence around your pool?

Yes No

Is the pool for your personal use only?

Yes No

If no, please explain: _____

Is alcohol permitted on premises?

Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished on premises?

Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired?

Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year (Not available in IL for Personal Liability)	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other (): \$ _____ (Explain below.)	
Total Annual Gross Revenue:			\$ _____

Note: If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - 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.

Kansas - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky - 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.

Maine - 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 denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico - 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.

Ohio - 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.

Oklahoma - 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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.

Tennessee, Virginia, Washington - 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

New York - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: _____ Date: _____

Broker Signature: (required in NH) _____ Date: _____

Equine Clubs and Associations Application

Argonaut Insurance Company

Exclusively Underwritten By



Broker: Athena Insurance and Financial Services Broker Number: 209 223-1870
 Broker License Number: CA 0588228 | National 2709340
 Policy and/or Renewal # : _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____

Mailing Address: _____ Contact Person: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Is the applicant affiliated with or a region of any other club or association? Yes No

If yes, please provide name and affiliation description: _____

Do you own, lease, or permanently occupy a facility? Yes No

If yes, please submit the written guidelines for use of the facility and any rental agreements / user guides. Please also complete the Commercial General Liability Application for coverage consideration.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ Annual premium: \$ _____

Pay Plan Desired? Yes No **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Limits of Liability

Each Occurrence Limit (Select one)		\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit		\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)		\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000	\$2,000,000
Triple Aggregate Limit desired				
(Note: Only available with \$1,000,000 Occurrence Limit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A	\$3,000,000

Optional Coverages – Subject to eligibility and underwriting approval.

Products and Completed Operations desired Yes No

Personal and Advertising Injury desired Yes No

Additional Insureds

List Additional Insureds and describe their connection to your event and the name of your event/date: for example, land owners and/or owners of facilities leased. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

Name: _____ Address: _____ Relationship and Event Name/Date: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Are dogs permitted at your events?

Yes No

If yes, please explain your policy regarding dogs: _____

Is alcohol permitted at your events?

Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished at your events?

Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Summary of Equine Activities

Maximum number of total club members: _____ Maximum number of total club members at any one event: _____

Description of your organization and the benefits / activities you offer to members: _____

Describe any non-equestrian member-only activities your club engages in (i.e., unmounted meetings etc.): _____

The annual club policy includes coverage for up to 7 *Public Event Days*. *Public Event Days* are defined as those events or activities to which non-club members and/or the general public is invited or reasonably expected to be present. Standard rating includes one day of setup and one day for takedown per event.

Please indicate all *Public Event Days*. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline all show/event activities for coverage consideration. Attach extra pages as necessary.

If you board horses, provide or allow riding instruction, or give non-club members permissive use of your facility, please also complete the *Commercial General Liability Application* for coverage consideration. If there are any Pony Rides, the *Pony Rides Supplemental Application* must also be completed. If there are any Horse Drawn Vehicle Rides, the *Horse Drawn Vehicle Rides Supplemental Application* must also be completed. If there are any Day Camp Activities, the *Equestrian Day Camp Supplemental Application* must also be completed.

Note: *If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for event dates that have not been declared to the Company in advance of the event. Remember, any events or activities not described/disclosed are not covered.*

Fundraising, Community Service, or Promotional Activities

Does your organization conduct any fundraising, community service, promotional, or similar activities?

Yes No

If yes, please complete the following.

Date: _____ Description of event: _____ Location of event: _____

Description of event activities: _____

Date: _____ Description of event: _____ Location of event: _____

Description of event activities: _____

Awards Banquets

Does your organization host any awards banquets, dinners, or similar events?

Yes No

If yes, please complete the following.

Date: _____ Description of event: _____

Location of event: _____ Number of attendees: _____

Date: _____ Description of event: _____

Location of event: _____ Number of attendees: _____

Show / Event Days

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Public event date(s): _____ Description of event: _____

Sanctioning Organization(s): _____ Location of event: _____

Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado - 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - 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.

Kansas - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky - 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.

Maine - 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 denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico - 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.

Ohio - 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.

Oklahoma - 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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.

Tennessee, Virginia, Washington - 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.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

New York - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

(Must be signed and dated)

Applicant's Signature: _____ Date: _____

Broker Signature: _____ Date: _____
(Required in NH)