

RIDING CLUBS - HUNT CLUBS

LIMITS DESIRED			
<input type="checkbox"/> \$1,000,000 CSL			
NAME OF ORGANIZATION			
NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED			TELEPHONE NUMBER ()
LOCATION IF OTHER THAN ABOVE ADDRESS			
DATES OF COVERAGE DESIRED			
DOES CLUB OWN ANY PREMISES (IF YES, GIVE DESCRIPTION BELOW) <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES YOUR CLUB RENT ANY PREMISES ON A LONG-TERM LEASE (IF YES, GIVE DESCRIPTION BELOW) <input type="checkbox"/> Yes <input type="checkbox"/> No	
GIVE DESCRIPTION OF ALL PREMISES AND FUNCTIONS _____ _____			
LIST ALL STATES WITH MEMBERS OF NAMED ORGANIZATION		IS THE CLUB RESPONSIBLE FOR THE MAINTENANCE OF ANY TRAILS <input type="checkbox"/> Yes <input type="checkbox"/> No	
NUMBER OF MILES	IF YES, LAND OWNED BY WHOM	USED BY NON-MEMBERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
*WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (NOT FAMILY MEMBERSHIPS)			
A Public Event is any club activity in which nonmembers are invited to participate. Do not show any activities which are limited to Members only in this section.			
# OF SHOW DAYS	DATES	# OF TRAIL RIDE DAYS	DATES
# OF CLINIC DAYS	DATES	# OF HUNT DAYS	DATES
# OF RODEO DAYS	DATES	# OF GYMKHANA DAYS	DATES
OTHER (POLO MATCHES, PARADES, ETC.) DESCRIBE			DATES
IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No			
WILL SPECTATORS EVER EXCEED 500 FOR ANY OF THE ABOVE DAYS (IF SO, WHICH EVENTS) <input type="checkbox"/> Yes <input type="checkbox"/> No			HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS
NOTE: If dates have not been set, prior notice of the event must be in our hands before the event date. Coverage is not provided for dates that have not been declared in advance of event. Such events shall be calculated at a higher premium than those established at policy issuance.			
HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN LAST THREE YEARS (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF PRESENT INSURANCE COMPANY	CURRENT POLICY LIMITS <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		PRESENT ANNUAL PREMIUM \$
HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS (IF YES, DESCRIBE, INVOLVING PAYMENTS AND RESERVES) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____			
ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN INSURED (FOR WHAT REASON AND WHOM) <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: HUNTS, HORSE RACING, RODEO TYPE EVENTS, VAULTING, AND POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE UNDER THE POLICY FOR PARTICIPANTS IN THOSE EVENTS.

Complete the following sections if non-members participate in club activities

SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES								<input type="checkbox"/> CHECK IF NO EXPOSURE		
TOTAL NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES AT PEAK SEASON				GROSS RECEIPTS FOR RENTALS \$			GROSS RECEIPTS FOR TRAIL RIDES \$			
ESTIMATED MAXIMUM NUMBER OF ANIMALS USED ON ANY ONE DAY FOR EACH MONTH					JANUARY	FEBRUARY	MARCH	APRIL		
MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
PONY RIDES - NUMBER OF PONIES				TYPE OF RIDE <input type="checkbox"/> Sweep <input type="checkbox"/> Ring <input type="checkbox"/> Carts			NUMBER OF CARTS			
OTHER RIDES (EXPLAIN)						GROSS RECEIPTS \$				
DO YOU HAVE TRAIL RIDES WITH RIDER USING OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW OFTEN		ARE ALL RIDING TRAILS ON YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No				
DO TRAILS CROSS OR RUN ALONG ROADS OR HIGHWAYS - DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No										
DO YOU USE GUIDES OR SAFETY PATROL FOR ALL RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No					DO YOU SECURE A SIGNED RELEASE FROM ALL RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR <input type="checkbox"/> Yes <input type="checkbox"/> No					MINIMUM AGE OF RIDERS					
DO YOU RENT OR LEASE HORSES/PONIES TO CAMPS/RESORTS OR INDIVIDUALS <input type="checkbox"/> Yes <input type="checkbox"/> No						HOW MANY RENTED				
RENTED TO WHOM				RENTAL TERM			GROSS RECEIPTS \$			
EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS								<input type="checkbox"/> CHECK IF NO EXPOSURE		
MAXIMUM NUMBER OF HORSES AVAILABLE FOR INSTRUCTION AT PEAK (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES)										
GROSS RECEIPTS \$					ANY STALLIONS USED <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No					HOW MANY PER YEAR			GROSS RECEIPTS \$		
DO YOU HAVE QUALIFIED INSTRUCTORS <input type="checkbox"/> Yes <input type="checkbox"/> No					ARE ALL CERTIFIED BY RIDING INSTITUTE <input type="checkbox"/> Yes <input type="checkbox"/> No					
IS THERE ANY PERIOD OF TIME WHEN YOU DO NOT GIVE INSTRUCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No					GIVE DATES					
DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Western <input type="checkbox"/> Jumping <input type="checkbox"/> Vaulting <input type="checkbox"/> Polo <input type="checkbox"/> Other _____										
IS A RELEASE SIGNED BY ALL STUDENTS OR, IF A MINOR, BY THEIR PARENT OR GUARDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No					ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No					IF YES, HOW MANY TIMES PER YEAR					
GROSS RECEIPTS (INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED) \$										
DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW MANY		AVERAGE ATTENDANCE		RECEIPTS \$		
BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING								<input type="checkbox"/> CHECK IF NO EXPOSURE		
TOTAL NUMBER STALLS			MAXIMUM NUMBER BOARDED		PASTURED-NOT INCLUDE. IN BOARD TOTAL			GROSS RECEIPTS \$		
DO YOU PROVIDE RIDING FACILITIES FOR YOUR BOARDERS — DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No										
DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES — EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No							RECEIPTS \$			
TRAINING (NOT RACE HORSES) MAXIMUM NUMBER TRAINED (YEARLY) <input type="checkbox"/> Yes <input type="checkbox"/> No					OWNED			NONOWNED		
IS OWNER OF HORSE GIVEN INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No				GROSS RECEIPTS - TRAINING \$			GROSS RECEIPTS - INSTRUCTION \$			

DO YOU OBTAIN RELEASES RELIEVING YOU FROM CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE FROM BOARDERS/STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU ATTEND OFF-PREMISES SHOWS WITH HORSES IN TRAINING (INJURY TO HORSES BEING TRANSPORTED NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW OFTEN	DOES OWNER ATTEND <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS
HAY RIDES - SLEIGH RIDES		<input type="checkbox"/> CHECK IF NO EXPOSURE
DO YOU HAVE HAY RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE SLEIGH RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE OTHER RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No
HUNT CLUBS		<input type="checkbox"/> CHECK IF NO EXPOSURE
IN ADDITION TO ANY EXPOSURES ABOVE, HOW MANY HOUNDS DOES THE HUNT OWN OR USE		
IF THE HUNT OWNS OR USES HORSES OTHER THAN THOSE OWNED BY PARTICIPANTS, HOW MANY ARE USED BY STAFF (HUNT MASTERS, WHIPS, ETC.)		
ARE ANY EVER RENTED OR LOANED TO RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY	
IF HORSES ARE RENTED OR LOANED TO OTHERS, IS A RELEASE TAKEN FOR ALL SUCH RIDERS OR FROM PARENTS OR GUARDIANS OF MINORS <input type="checkbox"/> Yes <input type="checkbox"/> No		
ANY OTHER OPERATIONS NOT DESCRIBED ABOVE — IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____		
<p>STANDARD FRAUD WARNING: 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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.</p> <p><input type="checkbox"/> VIRGINIA: 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.</p> <p>The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.</p>		
<p>I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued.</p>		
BY X	DATE / /	
TITLE		