



The Equestrian Group / Allen Financial Insurance Group

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POLO CLUB LIABILITY APPLICATION - \$1,000,000 CSL

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.		
NAME OF ORGANIZATION		
NAME & TITLE OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED		
ADDRESS		
EMAIL ADDRESS	TELEPHONE NUMBER ()	FAX ()
WEBSITE ADDRESS		
EFFECTIVE DATE DESIRED	Maximum number club members:	
LOCATION IF OTHER THAN ABOVE ADDRESS		
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		
IS THE CLUB A MEMBER OF U.S.P.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS (NOT FAMILY MEMBERSHIPS) ?		
A Public Event is any club activity involving non-members and spectators. Do not show any activities which are limited to Members only in this section.		
PUBLIC EVENT DAYS WITH SPECTATORS	DATES	
# OF CLINIC DAYS	DATES	
USPA EVENT DATES	NAME OF EVENT	# SPECTATORS # PARTICIPANTS
USPA EVENT DATES	NAME OF EVENT	# SPECTATORS # PARTICIPANTS
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"/> \$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: POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE UNDER THE POLICY FOR PARTICIPANTS IN THOSE EVENTS.

POLO CLUB ACTIVITESDOES THE CLUB REQUIRE ALL PLAYERS TO SIGN A LIABILITY RELEASE? Yes NoDOES THE CLUB OWN HORSES? Yes No IF YES, DOES CLUB LEASE OR LOAN HORSES TO PLAYERS? Yes No

IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS?

-
- Catered by Outside Company
-
-
- Provided by the club and sold to the members
-
-
- Provided by the club as a courtesy

 Yes No IF YES

-
- Brought by the club members
-
-
- Sold to the general public

IS FOOD SERVED AT ANY CLUB FUNCTIONS? Yes No IF YES, EXPLAINARE GOLF CARTS, ATV OR ANY RECREATIONAL (NON-LICENSED) VEHICLES USED IN ANY EVENTS? Yes No**EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS** CHECK IF NO EXPOSURE

MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE FOR INSTRUCTION AT PEAK (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES)

GROSS RECEIPTS

\$

ANY STALLIONS USED

 Yes No

DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES

 Yes No

HOW MANY PER YEAR

GROSS RECEIPTS

\$

DO YOU HAVE QUALIFIED INSTRUCTORS

 Yes No

ARE ALL CERTIFIED BY RIDING INSTITUTE

 Yes No

IS THERE ANY PERIOD OF TIME WHEN YOU DO NOT GIVE INSTRUCTIONS

 Yes No

GIVE DATES

IS A RELEASE SIGNED BY ALL STUDENTS OR, IF A MINOR, BY THEIR PARENT OR GUARDIAN

 Yes No

ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR

 Yes No

DO YOU ATTEND OFF-PREMISES EVENTS WITH YOUR STUDENTS

 Yes 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

 Yes No

HOW MANY

AVERAGE ATTENDANCE

RECEIPTS

\$

BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING CHECK IF NO EXPOSURE

TOTAL NUMBER STALLS

MAXIMUM NUMBER BOARDED

PASTURED-NOT INCLUDED IN BOARD TOTAL

GROSS RECEIPTS

\$

DO YOU PROVIDE RIDING FACILITIES FOR YOUR BOARDERS — DESCRIBE

 Yes No

DO YOU ALLOW NON-MEMBERS TO USE YOUR FACILITIES — EXPLAIN

 Yes No

RECEIPTS

\$

TRAINING (NOT RACE HORSES) MAXIMUM NUMBER TRAINED (YEARLY)

 Yes No

OWNED

NONOWNED

IS OWNER OF HORSE GIVEN INSTRUCTION

 Yes No

GROSS RECEIPTS - TRAINING

\$

GROSS RECEIPTS - INSTRUCTION

\$

DO YOU OBTAIN RELEASES RELIEVING YOU FROM CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE FROM BOARDERS/STUDENTS

 Yes No

DO YOU ATTEND OFF-PREMISES SHOWS WITH HORSES IN TRAINING (INJURY TO HORSES BEING TRANSPORTED NOT COVERED)

 Yes No

HOW OFTEN

DOES OWNER ATTEND

 Yes No

GROSS RECEIPTS

ANY OTHER OPERATIONS NOT DESCRIBED ABOVE — IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS

 Yes No

CERTIFICATES OF INSURANCE REQUESTED FOR:

OWNER OF PREMISES: Name
Address

Certificateholder Only Additional Insured

OTHER – Describe Interest:
Name and Address

Certificate holder Only Additional Insured, If Eligible

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. No coverage provided for Race Horses and/or Horses in Race Training. 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. I/We hereby make application to Allen Financial Insurance Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

BY

X

DATE

TITLE