



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

POLO CLUB LIABILITY APPLICATION

IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.			
LIMIT OF LIABILITY REQUESTED: <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> EXCESS LIABILITY \$ _____			
NAME OF CLUB			
TYPE OF ORGANIZATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT			
NAME & TITLE OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED			
ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER ()	FAX ()
WEBSITE ADDRESS		DATE CLUB ESTABLISHED	
DESIRED EFFECTIVE DATE		Number player club members:	Number social club members:
LOCATION IF OTHER THAN ABOVE ADDRESS			
CITY		STATE	ZIP CODE
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	
DO YOU WANT TO INSURE ANY BUILDINGS, PERSONAL PROPERTY OR AUTOMOBILES? (IF YES, ATTACH SEPARATE APPLICATION) <input type="checkbox"/> Yes <input type="checkbox"/> No			
IS THE CLUB A MEMBER OF U.S.P.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES CLUB HAVE EMPLOYEES ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		NUMBER	TOTAL PAYROLL \$
GIVE DESCRIPTION OF ALL PREMISES AND FUNCTIONS			
POLO CLUB SCHEDULE OF EVENTS			
CLUB POLO EVENT DAYS WITHOUT SPECTATORS	ESTIMATED TOTAL NUMBER OF CLUB MATCH – SCRIMMAGE DAYS – NO SPECTATORS		
List ONLY club activities where spectators will be present. Do not show any activities which are limited to Members only in this section.			
CLUB POLO EVENT DAYS WITH SPECTATORS	ESTIMATED TOTAL NUMBER OF EVENT DAYS	AVG # SPECTATORS	AVG # PLAYERS
USPA EVENT DATE	NAME OF EVENT		
USPA EVENT DATE	NAME OF EVENT	# SPECTATORS	# PLAYERS
# OF CLINIC DAYS	DATES	# SPECTATORS	# PLAYERS
WILL SPECTATORS EVER EXCEED 500 FOR ANY OF THE ABOVE DAYS (IF SO, LIST EVENTS) <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS	

NOTE: POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE UNDER THE POLICY FOR POLO PARTICIPANTS IN THOSE EVENTS.

POLO CLUB ACTIVITES					
DOES THE CLUB REQUIRE ALL PLAYERS TO SIGN A LIABILITY RELEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of equine liability release					
DOES THE CLUB OWN HORSES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DOES CLUB LEASE OR LOAN HORSES TO NON-MEMBER PLAYERS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DOES CLUB USE SEPARATE LEASE AGREEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS? <input type="checkbox"/> Catered by Outside Company <input type="checkbox"/> Provided by the club and sold to the members <input type="checkbox"/> Provided by the club as a courtesy			<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES <input type="checkbox"/> Brought by the club members <input type="checkbox"/> Sold to the general public		
IS FOOD SERVED AT ANY CLUB FUNCTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN					
ARE GOLF CARTS, ATV OR ANY RECREATIONAL (NON-LICENSED) VEHICLES USED IN ANY EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No GOLF CART OR ATV POLO IS EXCLUDED FROM COVERAGE					
EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS					<input type="checkbox"/> CHECK IF NO EXPOSURE
NUMBER OF SCHOOL HORSES AVAILABLE FOR INSTRUCTION AT PEAK SEASON (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES)					
GROSS SCHOOL HORSE RIDING INSTRUCTION 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 STUDENT HORSE 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		
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 EVENTS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, HOW MANY TIMES PER YEAR		
GROSS OFF-SITE 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 \$	
DO YOU OPERATE A DAY CAMP? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DESCRIBE ACTIVITES OTHER THAN RIDING INSTRUCTION.					
BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING					<input type="checkbox"/> CHECK IF NO EXPOSURE
TOTAL NUMBER STALLS	MAX NUMBER BOARDED	AVG NUMBER BOARDED	PASTURED NOT INCLUDED IN BOARD TOTAL	STABLE EMPLOYEE PAYROLL \$	GROSS BOARDING RECEIPTS \$
DO YOU PROVIDE RIDING FACILITIES FOR YOUR BOARDERS — DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO YOU ALLOW NON-MEMBERS 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	

ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN INSURED (FOR WHAT REASON AND WHOM)

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

HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS ?
(IF YES, DESCRIBE, INVOLVING PAYMENTS AND RESERVES)

Yes No

HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN LAST THREE
YEARS ? (IF YES, PLEASE EXPLAIN)

Yes No

NAME OF PRESENT INSURANCE COMPANY

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

SUBMIT APPLICATION TO:

The Equestrian Group | Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068

800-874-9191 OR 602-992-1570 FAX 602-992-8327 ballen@eqgroup.com