



# THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

## RIDING CLUB & ASSOCIATION LIABILITY

LIMITS DESIRED <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> \$1,000,000 CSL		EFFECTIVE DATE	
NAME OF ORGANIZATION			
NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED			
CITY	STATE	COUNTY	ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER ( )	FAX ( )
WEBSITE		DOES CLUB HAVE BYLAWS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ENTITY TYPE <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/>		Year Established	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			
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 the estimated number of annual <b>Member Only</b> Events?		<b>ESTIMATED # MEMBERS PER EVENT</b>	
<b>Do not show</b> any activities <b>BELOW</b> which are limited to <b>Members only</b> in the section below. A <b>Public Event</b> is any club activity in which non-members are invited to participate.			
# OF SHOW DAYS	DATES	ESTIMATED PARTICIPANTS & SPECTATORS PER SHOW DAY	
# OF CLINIC DAYS	DATES	ESTIMATED PARTICIPANTS & SPECTATORS PER CLINIC DAY	
# OF TRAIL RIDE DAYS	DATES	ESTIMATED PARTICIPANTS & SPECTATORS PER RIDE DAY	
# OF GYMKHANA DAYS	DATES	ESTIMATED PARTICIPANTS & SPECTATORS PER GYMKHANA DAY	
# ROPING / BARREL RACE	DATES	ESTIMATED PARTICIPANTS & SPECTATORS PER PUBLIC EVENT DAY	
# OF PARADE DAYS	DATES	# OF RIDERS PER DAY	
OTHER (POLO MATCHES, 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	
<b>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.</b>			
HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN LAST THREE YEARS (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			

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

<b>SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES</b>								<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>	
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 \$				
<b>EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS</b>								<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>	
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 \$		
<b>BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING</b>								<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>	
TOTAL NUMBER STALLS		MAXIMUM NUMBER BOARDED		PASTURED-NOT INCLUDED 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
<b>HAY RIDES - SLEIGH RIDES</b>			<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	
<b>HUNT CLUBS</b>			<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			
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 \$
<p><b>FRAUD WARNING:</b> 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.</p> <p style="text-align: center;"><b>WARRANTY</b></p> <p><b>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%).</b></p>			
BY <b>X</b>			DATE
TITLE			

**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.**

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