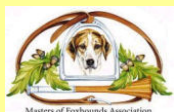


Master of Foxhounds Association of North America



HUNT CLUB APPLICATION

If any **YES** answers to questions below use **Comprehensive CGL Hunt Club Application**
If **NO** exposure – check **NO** to the four questions and move to next section

SADDLE ANIMAL RENTAL - TRAIL RIDES - HORSE LEASING - PONY RIDES	<input type="checkbox"/> CHECK IF NO EXPOSURE
EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS	<input type="checkbox"/> CHECK IF NO EXPOSURE
BOARDING - PASTURING – TRAINING OF OWNED OR NON-OWNED HORSES	<input type="checkbox"/> CHECK IF NO EXPOSURE
HAY RIDES - SLEIGH RIDES	<input type="checkbox"/> CHECK IF NO EXPOSURE
ANY OTHER OPERATIONS NOT DESCRIBED ABOVE – IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Limits: \$ 1,000,000 per occurrence / \$ 2,000,000 aggregate

Excess Coverage - Additional \$1,000,000 \$2,000,000 \$3,000,000
Please complete Excess Liability Application

NAME OF HUNT CLUB		ENTITY TYPE		DATE	
NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED					
CITY		STATE	COUNTY		ZIP CODE
EMAIL ADDRESS			TELEPHONE NUMBER ()		FAX ()
1. STARTING & ENDING DATE OF HUNT SEASON			2. TYPE OF ENTITY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> CORPORATION		
PHYSICAL ADDRESS OF HUNT CLUB IF DIFFERENT FROM ABOVE					
3. DOES CLUB OWN ANY PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No			4. DOES YOUR CLUB RENT ANY PREMISES ON A LONG TERM LEASE <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF OWNED OR LEASED IS WILL THIS POLICY COVER PREMISES LIABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO PLEASE PROVIDE PREMISES LIABILITY COVERAGE BELOW					
5. GIVE DESCRIPTION OF ALL OWNED/ IEASED PREMISES AND FUNCTIONS OF THESE PREMISES (Please attach separate sheet if necessary)-					
6. IS THE HUNT CLUB A MEMBER OF THE MFHA? <input type="checkbox"/> Yes <input type="checkbox"/> No			8. IS THE CLUB RESPONSIBLE FOR THE MAINTENANCE OF ANY TRAILS <input type="checkbox"/> Yes <input type="checkbox"/> No		
8a. IF YES, NUMBER OF MILES		8b. IF YES, LAND OWNED BY WHOM		8c. USED BY NON-MEMBERS- <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. DOES CLUB CARRY ANY OTHER INSURANCE? IF YES PLEASE INDICATE TYPE OF COVERAGE AND INSURANCE COMPANY. <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (THIS INCLUDES SOCIAL AND HUNTING MEMBERS? COUNT FAMILY MEMBERSHIPS AS ONE)					

***NOTE: A Public Event is any club activity in which non-members are invited to participate.
Do not show any activities which are limited to Members only in next section.***

**Include total estimated number of participants and spectators for each event. Use next page for additional space.
*If you do not know dates of public events enter TBD. Written notice of the event dates must be reported prior to the event.**

# PUBLIC HUNT DAYS	DATES	# OF TRAIL RIDE DAYS	DATES
# OF CLINIC DAYS	DATES	# OF HUNTER PACES	DATES
# OF SHOW DAYS	DATES	# OF HUNTER TRIALS	DATES
# OF PARADE DAYS	DATES	# OF OLD FASHIONS	DATES
OTHER (POLO MATCHES, STEEPLECHASE RACES, PONY CLUB EVENTS, ETC.) DESCRIBE			DATES
10a. WHAT KIND OF HUNTS ARE CONDUCTED? <input type="checkbox"/> Natural <input type="checkbox"/> Drag <input type="checkbox"/> Mock <input type="checkbox"/> Other			
10b. WHAT KIND OF QUARRY IS HUNTED? <input type="checkbox"/> Fox <input type="checkbox"/> Rabbit <input type="checkbox"/> Coyote <input type="checkbox"/> Other			
11a. HOW MANY HOUNDS DOES HUNT OWN IN TOTAL?		10b. HOW MANY HOUNDS ARE USED USE ON AN AVERAGE HUNT DAY?	
11c. WHERE ARE HOUNDS KENNELED?			
11d. KENNEL / STABLE PREMISES IS? <input type="checkbox"/> Owned by Hunt Club <input type="checkbox"/> Rented / Leased <input type="checkbox"/> Other			
12a. DOES CLUB BREED DOGS ? <input type="checkbox"/> Yes <input type="checkbox"/> No		12c. WHO OWNS HOUNDS ? <input type="checkbox"/> Hunt Club <input type="checkbox"/> MFH <input type="checkbox"/> Other	
13a NUMBER OF HORSES OWNED BY THE HUNT? <input type="checkbox"/> None	13c NUMBER OF HORSES OWNED BY THE HUNTSMAN? <input type="checkbox"/> None		
13b NUMBER OF HORSES OWNED BY THE MASTER? <input type="checkbox"/> None	13d. DOES HUNT BOARD HORSES FOR OTHERS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES please complete Equine CGL Application		
13e GUESTS USE: <input type="checkbox"/> OWNED HORSES <input type="checkbox"/> CLUB OWNED HORSES <input type="checkbox"/> MEMBER OWNED HORSES			
14a. ARE RELEASES / WAIVERS TAKEN FOR ALL PARTICIPANTS OR FROM PARENTS OR GUARDIANS OF MINORS PARTICIPATING? (COPY OF WAIVER(S) MUST BE SUBMITTED WITH APPLICATION) <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE METHOD OF STORING/FILING THESE RELEASES/ WAIVERS			
14b. MAXIMUM NUMBER OF CAPPERS ON ANY HUNT?		14c. MAXIMUM NUMBER OF CAPPERS FOR HUNT SEASON?	
14c. MAXIMUM NUMBER OF CAPPERS ON ANY HUNT?		14d. AVERAGE FIELD SIZE PER HUNT	
15. DOES THE HUNT HAVE A METHOD FOR TRACKING INJURIES TO PARTICIPANTS? <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE-			
16. DOES THE HUNT HAVE A POLICY FOR SELECTING NEW MEMBERS? <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE-			
17. IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, DESCRIBE)			
18 .WILL SPECTATORS EVER EXCEED 100 FOR ANY PUBLIC EVENT DAYS (IF SO, WHICH EVENTS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			18.HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS?
<u>**Coverage is not provided for public events that have not been declared in advance of event**.</u>			

19.HAVE YOU BEEN CANCELED OR REFUSED COVERAGE IN LAST THREE YEARS OR CURRENTLY WITHOUT COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, DESCRIBE)-		
NAME OF PRESENT INSURANCE COMPANY	EXCESS POLICY? <input type="checkbox"/> Yes <input type="checkbox"/> No PREMIUM? LIMITS? <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000	PRESENT ANNUAL PREMIUM \$
20.HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS (IF YES, DESCRIBE CLAIMS ON SEPARATE SHEET, INCLUDING PAYMENTS AND RESERVES) <input type="checkbox"/> Yes <input type="checkbox"/> No		
21.ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN "ADDITIONAL INSURED"(ATTACH SEPARATE SHEET LISTING ALL PARTIES REQUESTING CERTIFICATES) <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.

<p>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.</p> <p>WARRANTY <i>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%).</i></p>	
SIGNATURE (MUST BE OFFICER OR BOARD APPOINTED INSURANCE LIAISON)	DATE
TITLE	