



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 | | <input type="checkbox"/> New Business <input type="checkbox"/> Renewal | | EFFECTIVE DATE |
| NAME OF CLUB OR ORGANIZATION | | | Contact Name | |
| ADDRESS WHICH 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 | IS LIABILITY RELEASE USED? <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"/> Non-Profit | | 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 Member Only Events? | | | ESTIMATED # MEMBERS PER EVENT | |
| Do not show any activities BELOW which are limited to Members only in the section below. A Public Event is any club activity in which there are spectators or 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 If Yes Explain | | | | |
| WILL SPECTATORS EVER EXCEED 500 FOR ANY OF THE ABOVE DAYS (IF SO, WHICH EVENTS) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes include special event supplement | | | 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 10 Days before the event date and must be approved by the Company. Coverage is not provided for dates that have not been declared in advance of event. | | | | |
| ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN INSURED (FOR WHAT REASON AND WHOM) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| DO YOU OBTAIN A LIABILITY RELEASE SIGNED BY BOARDERS, STUDENTS & PARTICIPANTS RELIEVING YOU OF CLAIMS FOR BI & PD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| UNDERWRITING REQUIREMENT - PLEASE ATTACH A COPY TO THIS APPLICATION | | | | |

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 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 | | | |
| DO YOU RENT OR LEASE ARENA OR FACILITY TO OTHERS ? Yes No | <input type="checkbox"/> | <input type="checkbox"/> | GROSS RENTAL 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 | |
| If Yes Submit carriage – hay ride supplement | | | |
| 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 LOANED TO RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No | | HOW MANY | |
| IF HORSES ARE 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 | | | |
| How many hounds does the hunt own? | Average number used on a hunt | Average number of cappers per hunt | |
| GENERAL UNDERWRITING | | | |
| ARE ANY WEAPONS / FIREARMS USED IN CLUB ACTIVITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain | | DOES YOUR CLUB SPONSOR ANY ANIMAL RESCUE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain | |
| Is any alcohol served during riding activities (not social gatherings) Yes No If Yes please explain | | | |
| ANY OTHER OPERATIONS NOT DESCRIBED ABOVE — IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS <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 | | | |
| 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 \$ |

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%).

INSURED SIGNATURE

BY

X

TITLE

DATE

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.

AGENCY PRODUCER CONTACT INFORMATION

PRODUCER NAME

AGENCY NUMBER

PRODUCER PHONE

PRODUCER EMAIL

Allen Financial Insurance Group / The Equestrian Group

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