



## POLO CLUB LIABILITY APPLICATION

<b>IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH SEPARATE APPLICATION)			
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			
<b>POLO CLUB SCHEDULE OF EVENTS</b>			
CLUB POLO EVENT DAYS WITHOUT SPECTATORS	ESTIMATED TOTAL NUMBER OF CLUB MATCH – SCRIMMAGE DAYS – NO SPECTATORS		
<b>List ONLY club activities where spectators will be present. Do not show any activities which are limited to Members only in this section.</b>			
CLUB POLO EVENT DAYS WITH SPECTATORS	ESTIMATED TOTAL NUMBER OF PUBLIC 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 250 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.**

<b>POLO CLUB ACTIVITES</b>					
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 HOW MANY? IF YES, DOES CLUB LEASE, RENT OR LOAN HORSES TO NON-MEMBER PLAYERS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DOES CLUB USE SEPARATE AGREEMENT FOR RENTED HORSES? If Yes, Please attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No User of Club owned horse must sign affidavit that horse and tack have been inspected and are in good condition.					
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 Please explain  <input type="checkbox"/> <input type="checkbox"/>			
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					
DOES THE CLUB SELL TACK, CLOTHING FEED OR SUPPLEMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES, ANNUAL GROSS SALES \$ _____ PRODUCTS SOLD:					
<b>EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS</b>					<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>
DOES THE CLUB EMPLOY PROFESSIONAL INSTRUCTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 INSTRUCTION? <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.					
<b>INDEPENDENT INSTRUCTORS / TRAINERS</b>					<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>
DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES ? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, DO THEY CARRY THEIR OWN INSURANCE? ++ <input type="checkbox"/> Yes <input type="checkbox"/> No		
++ If yes, Club must require a Certificate of Insurance with additional insured endorsement for each trainer / instructor.					
<b>BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING</b>					<input type="checkbox"/> <b>CHECK IF NO EXPOSURE</b>
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) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CERTIFICATES OF INSURANCE REQUESTED FOR:</b>			
<input type="checkbox"/> OWNER OF PREMISES: Name Address			
<input type="checkbox"/> Certificateholder Only <input type="checkbox"/> Additional Insured			
<input type="checkbox"/> OTHER – Describe Interest: Name and Address			
<input type="checkbox"/> Certificate holder Only <input type="checkbox"/> Additional Insured, If Eligible			
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			
<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.			
<b>WARRANTY</b>			
<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>			
BY <b>X</b>			DATE
TITLE			

SUBMIT APPLICATION TO:

**The Equestrian Group | Allen Financial Insurance Group**

PO Box 6230 Scottsdale, AZ 85261 [WWW.EQGGROUP.COM](http://WWW.EQGGROUP.COM) 800-874-9191 / 602-992-1570 FAX 602-992-8327

[ballen@egggroup.com](mailto:ballen@egggroup.com)

# The Equestrian Group

A division of Allen Financial Insurance Group

12424 N. 32<sup>nd</sup> St #101 Phoenix, AZ 85032      602.992.1570      FAX 602.992.8327

## APPLICATION FOR LEGAL LIABILITY OF NONOWNED HORSES IN YOUR CARE, CUSTODY OR CONTROL

AGENCY NAME		
ADDRESS		
TELEPHONE NO. (    )	FAX NO. (    )	AGENCY CODE

**THIS IS NOT A BINDER**

<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> NEW BUSINESS – DESIRED EFFECTIVE DATE ____/____/____
<input type="checkbox"/> ACCOUNT CURRENT	<input type="checkbox"/> RENEWAL – EXPIRATION DATE ____/____/____ <input type="checkbox"/> POLICY NO. CCC _____

**IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATION WILL BE RETURNED FOR COMPLETION.**

NAME OF INSURED	BUSINESS/STABLE NAME
MAILING ADDRESS	
CITY/STATE/ZIP CODE	TELEPHONE NO.
LOCATION OF ACTUAL OPERATIONS IF OTHER THAN MAILING ADDRESS	
COUNTY	CITY/STATE/ZIP CODE
IF CORPORATION, LIST ALL OFFICERS AND DIRECTORS. IF PARTNERSHIP, LIST ALL PARTNERS	

**A SEPARATE APPLICATION FOR THE INFORMATION THAT FOLLOWS WILL BE REQUIRED FOR EACH LOCATION.**

DO YOU: <input type="checkbox"/> OWN  <input type="checkbox"/> LEASE  <input type="checkbox"/> RENT THE PREMISES?	HOW LONG HAS INSURED OR MANAGER BEEN IN THIS BUSINESS? _____ YEARS. IF LESS THAN THREE YEARS, BRIEFLY DESCRIBE RELATED EXPERIENCE.  _____ _____ _____
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IF LEASED/RENTED, WHO IS RESPONSIBLE FOR FENCE REPAIR? \_\_\_\_\_

IF LEASED/RENTED, WHO IS RESPONSIBLE FOR BUILDING REPAIR? \_\_\_\_\_

DESCRIBE TYPE OF FENCING USED IN RUNS, PASTURES, PADDOCKS: \_\_\_\_\_

DESCRIBE CONDITION OF FENCES:     EXCELLENT     GOOD     FAIR     POOR

DESCRIBE CONDITION OF STABLES:     EXCELLENT     GOOD     FAIR     POOR

OPERATIONS:     STABLE OWNER     BOARDING     BREEDING     TRAINING     OTHER

BREED OF ANIMALS \_\_\_\_\_      USE OF ANIMALS \_\_\_\_\_

DESCRIBE TYPE OF SECURITY/SUPERVISION OF STABLES \_\_\_\_\_

ARE FIRE EXTINGUISHERS ACCESSIBLE AND OPERABLE IN EACH STABLE?     YES     NO

IS ANY STABLE OVER 25 YEARS OLD?     YES     NO    IF YES, WHEN WAS THE LAST TIME ELECTRICAL WIRING WAS CHECKED, CERTIFIED SAFE, AND SUITABLE FOR CURRENT USAGE? \_\_\_\_\_

**care, custody or control**

NUMBER OF STALLS: BARN #1 \_\_\_\_\_ BARN #2 \_\_\_\_\_ BARN #3 \_\_\_\_\_ BARN #4 \_\_\_\_\_  
MINIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ MINIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_  
AVERAGE NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ AVERAGE VALUE OF HORSES IN YOUR CARE \_\_\_\_\_  
MAXIMUM NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ MAXIMUM VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

POLICY COVERAGE INCIDENTAL TRANSPORTATION ONLY, UP TO 150 MILES FROM INSURED'S LOCATION.  
\*COVERAGE MAY BE EXTENDED. REFER TO UNDERWRITER FOR PREMIUM.

DO YOU TRANSPORT HORSES FOR OTHERS?  YES  NO IF YES, MAXIMUM NUMBER OF TRIPS PER YEAR \_\_\_\_\_  
MAXIMUM NUMBER OF ANIMALS PER TRIP \_\_\_\_\_ RADIUS OF NORMAL OPERATIONS \_\_\_\_\_ miles  
NUMBER OF TRIPS AND DESTINATIONS EXCEEDING NORMAL 150 MILE RADIUS \_\_\_\_\_

HOW OFTEN ARE TRAILER OR VAN FLOOR BOARDS CHECKED \_\_\_\_\_  
ARE FIRE EXTINGUISHERS CARRIED ON VAN OR TRUCK?  YES  NO  
DO AT LEAST TWO PEOPLE GO ON EACH TRIP?  YES  NO

DESCRIBE ANY LOSSES OR POTENTIAL CLAIMS IN THE PAST THREE YEARS AND INCLUDE DEATHS OF ANY ANIMAL(S) IN YOUR CUSTODY, EVEN IF A CLAIM WAS NOT PRESENTED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD NOTICES**

**Standard:** Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICANT (PRINT)

SIGNATURE <b>X</b>	DATE / /
AGENT SIGNATURE <b>X</b>	DATE / /

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. 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.

**CARE CUSTODY OR CONTROL PROGRAM  
LIMITS OF LIABILITY (CHECK ONE)**

<b>X</b>	<b>Limit Per Horse</b>	<b>Limit Per Occurrence</b>	<b>Annual Aggregate</b>	<b>Premium to 8 Horses</b>	<b>Additional Charge per Horse</b>
	\$500	\$5,000	\$5,000	\$75	\$5
	\$1,000	\$10,000	\$10,000	\$100	\$6
	\$2,500	\$25,000	\$25,000	\$125	\$7
	\$5,000	\$25,000	\$25,000	\$150	\$8
	\$5,000	\$50,000	\$50,000	\$200	\$10
	\$10,000	\$50,000	\$50,000	\$225	\$11
	\$10,000	\$100,000	\$100,000	\$250	\$13
	\$15,000	\$150,000	\$150,000	\$300	\$18
	\$25,000	\$250,000	\$250,000	\$350	\$21
	\$50,000	\$250,000	\$250,000	\$550	\$21
	\$100,000	\$300,000	\$300,000	\$700	\$23
	\$150,000	\$400,000	\$400,000	\$1,050	\$24
	\$200,000	\$400,000	\$400,000	\$1,150	\$25
	\$200,000	\$500,000	\$500,000	\$1,250	\$26

Some limit options not available in all states  
Limits over 100,000/300,000 must be referred to the company for approval