

# Equine Clubs and Associations Application

## SMITH-EMBRY INSURANCE ASSOCIATES INC

3044 Breckenridge Lane, Suite LL1  
 Louisville, KY 40220-2193  
 Phone 502 493 9911 Fax 502 493 0070



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant's Ownership Structure:**      Individual       Corporation       Association       Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the applicant affiliated with or a region of any other club or association?      Yes       No

*If yes, please provide name and affiliation description:* \_\_\_\_\_

Do you own, lease, or permanently occupy a facility?      Yes       No

*If yes, please submit the written guidelines for use of the facility and any rental agreements / user guides. Please also complete the Commercial General Liability Application for coverage consideration.*

Is applicant currently insured?      Yes       No

**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium: \$** \_\_\_\_\_

Pay Plan Desired?      Yes       No       **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years?      Yes       No

Has the applicant had coverage cancelled or refused in the past five years?      (Not applicable in Missouri.)      Yes       No

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

### Limits of Liability

<b>Each Occurrence Limit</b> <i>(Select one)</i>	<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
<b>General Aggregate Limit</b>	<b>\$300,000</b>	<b>\$500,000</b>	<b>\$1,000,000</b>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
<b>Double Aggregate Limit desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>\$600,000</b>	<b>\$1,000,000</b>
<b>Triple Aggregate Limit desired</b>			
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	<b>\$3,000,000</b>

### Optional Coverages – Subject to eligibility and underwriting approval.

**Products and Completed Operations desired**      Yes       No   
**Personal and Advertising Injury desired**      Yes       No

**Additional Insureds**

List Additional Insureds and describe their connection to your event and the name of your event/date: for example, land owners and/or owners of facilities leased. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship and Event Name/Date: \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Are dogs permitted at your events?** Yes  No   
 If yes, please explain your policy regarding dogs: \_\_\_\_\_  
 \_\_\_\_\_

**Is alcohol permitted at your events?** Yes  No   
 If yes, describe: \_\_\_\_\_  
 Is alcohol sold, served, or furnished at your events? Yes  No   
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**Note:** The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

## Summary of Equine Activities

Maximum number of total club members: \_\_\_\_\_ Maximum number of total club members at any one event: \_\_\_\_\_

Description of your organization and the benefits / activities you offer to members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any non-equestrian member-only activities your club engages in (i.e., unmounted meetings etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The annual club policy includes coverage for up to 7 *Public Event Days*. *Public Event Days* are defined as those events or activities to which non-club members and/or the general public is invited or reasonably expected to be present. Standard rating includes one day of setup and one day for takedown per event.

Please indicate all *Public Event Days*. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline all show/event activities for coverage consideration. Attach extra pages as necessary.

If you board horses, provide or allow riding instruction, or give non-club members permissive use of your facility, please also complete the *Commercial General Liability Application* for coverage consideration. If there are any Pony Rides, the *Pony Rides Supplemental Application* must also be completed. If there are any Horse Drawn Vehicle Rides, the *Horse Drawn Vehicle Rides Supplemental Application* must also be completed. If there are any Day Camp Activities, the *Equestrian Day Camp Supplemental Application* must also be completed.

**Note:** If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for event dates that have not been declared to the Company in advance of the event. Remember, any events or activities not described/disclosed are not covered.

**Fundraising, Community Service, or Promotional Activities**

Does your organization conduct any fundraising, community service, promotional, or similar activities?

Yes  No

*If yes, please complete the following.*

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

**Awards Banquets**

Does your organization host any awards banquets, dinners, or similar events?

Yes  No

*If yes, please complete the following.*

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

**Show / Event Days**

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

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 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
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 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

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 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

*In Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

Any person who knowingly and with intent to defraud any insurance company or 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

*In New Jersey*

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

*In Ohio*

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.*

*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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

*(Must be signed and dated)*

Applicant's Signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Date: \_\_\_\_\_