

EQUISPORT
EQUINE INSURANCE



AGENCY, INC.
P.O. BOX 269, BLOOMFIELD HILLS, MICHIGAN 48303
(248) 644-1215 • (800) 432-1215 • (248) 644-1404 FAX

Great American

COMPANY USE ONLY

Customer No. _____
 Producer Code: _____
 Auditable
 Other _____

Riding Club or Show

(NOTE: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

PRODUCER	NAME AND ADDRESS (include Zip Code)		PRODUCER CODE:	
			AGENCY CODE:	
TRANSACTION	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL OF # <input type="checkbox"/> ISSUE		EFFECTIVE DATE:	QUOTE DESIRED BY:
			_____ to _____	
APPLICANT	NAME AND ADDRESS (include Zip Code)		APPLICANT IS:	
			<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	
TYPE OF CLUB _____		PERSON TO CONTACT		
PHONE NO. (_____) _____		Phone # _____		

LIMITS OF INSURANCE - OCCURRENCE/AGGREGATE (000)

\$100/\$200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

** Unless specifically endorsed non-owned horses in your care, custody or control are not covered for injury or death by this policy. **

Location, if other than above address:

- Does club own any premises: Yes No For property coverages send applicable farm application pages or Accord application.
- Does your club rent any premises on a long-term basis? Yes No
- Is the club responsible for the maintenance of any trails? Yes No
- If yes, land owned by whom? _____ Number of miles _____
Used by nonmembers? Yes No
- Give description of all premises and functions:

6. WHAT IS THE MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (NOT FAMILY MEMBERSHIPS)? _____

7. "Public Event Days" - A Public Event is any activity in which spectators are present. Do Not Show Below any activities which are limited to "Members Only". Coverage for participants excluded. Participant release required. Provide copy.

	Number of Days	Number of Participants	Dates	Number of Spectators
A. Shows	_____	_____	_____	_____
B. Trail Rides	_____	_____	_____	_____
C. Clinics	_____	_____	_____	_____
D. Hunts	_____	_____	_____	_____
E. Rodeo Type Events	_____	_____	_____	_____
F. Gymkhana Events	_____	_____	_____	_____
G. Other (Polo Matches, Parades, etc.) Describe _____	_____	_____	_____	_____

CHECK IF NOT APPLICABLE

TRAIL RIDES

- Does club have trail rides with rider using own horses? Yes No
How often? _____
- Are all riding trails on club's own premises? Yes No
Do trails cross or run along roads or highways? Yes No Describe _____
- Does club use guides or safety patrol for all riders? Yes No
Does club secure a signed release from all riders? Yes No
- Are all riders required to wear safety head gear? Yes No
- Minimum age riders will be _____
- Does club rent or lease horses or ponies to camps/resorts or individuals? Yes No
- Does club rent horses to public? Yes No
- Do non-members participate in trail rides? Yes No Are releases obtained? Yes No

CHECK IF NOT APPLICABLE

EQUESTRIAN SCHOOLS — RIDING INSTRUCTION — CLINICS —

- Maximum number of horses available for instruction at peak: (Do not include students on their own horses)

- Does club give instruction to students on their own horses? Yes No How many per year? _____
- Does club have qualified instructors? Yes No Are they all certified by riding institute? Yes No
- Is there any period of time when club does not give instructions? Yes No
Give dates closed _____
- Does club teach: English Western Jumping Vaulting Polo Other Explain _____
- Is a release signed by all students or, if a minor, by their parent or guardian? Yes No
- Any safety gear required? Yes No
- Does club hold clinics for non-members? Yes No How Many? _____ Average attendance _____

CHECK IF NOT APPLICABLE

BOARDING (STALL RENTALS/PADDOCKS) PASTURING — TRAINING

- Total number of stalls _____ Maximum number boarded _____
Pastured (not included in boarded total) _____ Gross receipts _____
- Does club provide riding facilities for your boarders? Yes No
Describe _____
- Does club allow non-boarders to use your facilities? Yes No
Explain _____
- TRAINING (not race horses): Maximum number trained (yearly): Owned _____ Nonowned _____
Is owner of horse given instruction? Yes No Gross Receipts: Training _____ Instruction _____
- Does club obtain releases relieving you from claims for bodily injury and property damage from boarders/students?
Yes No
- Does club attend off-premises shows with horses in training? Yes No
(Injury to horses being transported not covered)
How often? _____ Does owner attend? Yes No
Gross receipts _____

HAY RIDES, SLEIGH RIDES

CHECK IF NOT APPLICABLE

Does club have hay rides? Yes No Sleigh Rides? Yes No

Other rides? Yes No Explain _____

How many wagons, sleds, etc.? _____

(Coverage cannot be provided if drawn by motor vehicles off premises.)

Does club allow non-members to participate? Yes No

HUNT

CHECK IF NOT APPLICABLE

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 (huntmasters), whips, etc.)? _____ Are any ever rented or loaned to riders? Yes 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?

Yes No Does club allow non-members to participate? Yes No

Any other operations not described above? Yes No Describe fully _____

LOSS RECORD - 3 YEARS

COMPANY

POLICY NUMBER

DATE

NO. OF CLAIMS

LOSSES

Explain any Losses: _____

Have you ever been cancelled or non-renewed in the past 3 years? Yes No If 'Yes', reason _____

INSURANCE FRAUD WARNING

Applicant's Initials:

- Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- Michigan: Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
- Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New York: **All insurance applications and claim forms except auto:**
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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- 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.
- Oklahoma: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested — and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____