

DISCLAIMER

THIS APPLICATION IS USED TO APPLY FOR INSURANCE AND IS NOT A BINDER. EXPOSURES NOT DECLARED ARE NOT COVERED.

All submissions must include a complete and signed application. Incomplete applications will be returned.

APPLICANT MUST BE AT LEAST 18 YEARS OF AGE.

Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

Section 1 Applicant Information

1.1 Applicant Full Name: _____ Desired Effective Date _____

1.2 Applicant Business Name: _____

1.3 Applicant Business Type: ___ Corporation/LLC ___ Joint Venture ___ Individual ___ Partnership ___ Sole Proprietorship

1.4 If Corporation or LLC complete below table, additional premium will apply, and non-equine activities are **excluded**

Name of officers, partners	Active in Equine Activities? listed in Section 3 or 4 below		Their Duties
	___ Yes	___ No	
	___ Yes	___ No	
	___ Yes	___ No	

1.5 Mailing Address: _____ City _____ State _____ Zip _____

1.6 Physical Address: _____ City _____ State _____ Zip _____

1.7 Phone Number: _____ Email _____ Website _____

1.8 Applicant preferred documentation method. **PICK ONE:** ___ Electronic to email above ___ Hard copy (USPS)

1.9 Do you have a CHA certification? ___ Yes ___ No If yes, specify level: _____

1.10 How did you hear about Equisure? _____

1.11 Does applicant obtain a signed and dated release/waiver of liability from all clients? ___ Yes (**a copy is required**) ___ No
If no, please explain _____

1.12 Does applicant currently or previously carry equine liability insurance? ___ Yes ___ No **If yes, complete table below**
If no insurance, please explain _____

Insurance Company	Coverage Limits	Annual Premium	Expiration Date	Losses in past 3 years?
				___ Yes ___ No

*** If applicant has history of a loss/losses, describe all claims/losses with dates, details, & amount(s) paid if needed, provided a separate page with details, or submit carrier loss runs. **

Please note all losses here: _____

Section 2 Limit Options

2.1. Limits of Liability: Choose **only 1** option below. Other limits may be available if requested in writing.

Base Option	Increase Limit Options	Decrease Limit Options
___ \$1,000,000/\$1,000,000 (Occurrence/Aggregate)	___ \$1,000,000/\$2,000,000 (Occurrence/Aggregate)	___ \$250,000/\$500,000 (Occurrence/Aggregate)
	___ \$1,000,000/\$3,000,000 (Occurrence/Aggregate)	___ \$500,000/\$1,000,000 (Occurrence/Aggregate)

Minimum nonrefundable earned premium of \$250 applies to all above limits

2.2. Care, Custody, or Control Limits: Choose **only 1** option below to increase limits

Included	Increase Limit Options
\$50,000/\$100,000 (Occurrence/Aggregate)	___ \$100,000/\$200,000 (Occurrence/Aggregate)
	___ \$150,000/\$300,000 (Occurrence/Aggregate)
Farriers limited to \$5,000/\$10,000 (For any 1 Horse /Aggregate)	___ \$200,000/\$400,000 (Occurrence/Aggregate)

Care, custody, and control limits provide legal liability coverage for non-owned horses of the insured, used in their business should the applicant be found negligent after the injury or death of an equine.

2.3 What is the highest value of any one **non-owned** horse the applicant has in their care, custody, and control? \$_____

Section 3 Check if NO Exposure ___ Assistants, Working Students and Wranglers

Volunteers/Working Students – A person who freely offers to take part in equine activities without remuneration. Must be groundwork only, not teaching lessons or viewed as the expert/representative or giving any advice to other students or volunteers. Approved groundwork activities for volunteers might include cleaning stalls, tacking, grooming, side walking, feeding, turn out, and lunging. Volunteers must sign a release waiver release provided by the named insured.

Assistants or Wranglers– A person specifically named and 16 years of age or older, with or without remuneration, including corporate officers, members of a partnership, spouse of the insured or anyone else with the responsibilities herein. They must use the lesson plans of the named insured. Payment for lessons or any horse activity would be made payable to the named insured not the assistant. Approved duties might include but are not limited to, riding a horse in training, giving lessons, leading or guiding a trail ride.

3.1 Does applicant use assistant(s) and/or staff for any equine activities? ___ Yes ___ No If yes, **how many?** _____

3.2 List all assistants/staff below? *(use separate page if needed)*

Full Name	Mailing Address	Age

3.3 Does applicant use volunteers and/or working students, not declared above, for any equine activities? ___ Yes ___ No

If yes, how many on average per month? ___ 1-6 ___ 7-12 ___ 13-18 ___ 19-24 ___ 25-50 ___ 50+

What remuneration or compensation do they receive in exchange for services _____

3.4 Do you have Workers Compensation Insurance? ___ Yes ___ No *** Workers' Compensation related claims are excluded.

3.5 Do you obtain a signed and dated release/waiver from working students and volunteers? ___ Yes ___ No

Section 4 Check if NO exposure ___ Instructing/Training/Professional Activities Information

Training of horses, instructing of students, clinician instruction, show officiating and other professional activities.

4.1 Average number of years' experience managing a Therapeutic/EAAT program. _____

4.2 Average number of years' experience as an equestrian instructor. _____

4.3 Equine Activities: for applicant & assistants.

Clinician	___ Yes	___ No	If yes, how many clinic days per year?	_____
Course Designer	___ Yes	___ No	Show Official/Manger	___ Yes ___ No
Technical Delegate	___ Yes	___ No	Professional Rider/Driver	___ Yes ___ No

Groom Yes No Riding Instructor Yes No
 Judge Yes No Horse Trainer with overnight boarding Yes No
 Steward Yes No Horse Trainer without overnight boarding Yes No
 Trail Riding to regular/recurring weekly or monthly students Yes No
 Schooling shows, no outside participants Yes No If yes, how many _____
 Other (describe) _____

4.4 Equine Assisted Activities: that apply to applicant's program.

Equine Assisted Activities (EAA) Yes No Equine Assisted Learning (EAL) Yes No
 Interactive Vaulting Yes No Therapeutic Driving Yes No
 Therapeutic Riding Yes No Therapeutic Services Yes No
 Other Therapy _____

4.5 Equine Assisted Therapies: that apply to applicant's program.

Equine Assisted Therapy (EAT) Yes No Hippotherapy Yes No
 Equine Facilitated Psychotherapy (EFP) Yes No
 Other Therapy _____

4.6 Average number of Clients, Students, and/or Horses the applicant (& assistants/staff) instructs or trains per month, including clinic participants, and competitors judged and/or served.

0-15 16-29 30-49 50-100 101-150 151+

4.7 Total Gross Annual Receipts from the above activities (income prior to expenses, including donations). * Only for activities listed in 4.1, exclude any boarding revenue and revenue from any activity NOT listed above in 4.1**

\$0-50,000 \$50,001-100,000 \$100,001-150,000 \$150,001-200,000
 Over \$200,001 _____ list exact GAR

Section 5 Check if NO exposure Boarding Information

Long-Term Care/Custody/Control, aka 'Boarding,' of non-owned horse(s), usually 24/7 and overnight, including care of client horses at shows/competitions.

5.1 Is applicant responsible for the care of non-owned horses overnight? Yes No

If yes, average number boarded monthly 1-15 16-25 26-35 36-45 46-55 56-99 100+

If yes, provide GAR for boarding only \$ _____

5.2 Is applicant responsible for non-owned horses overnight at shows? Yes No

5.3 What is the Maximum value of any non-owned horse in your care, custody, or control? \$ _____

5.4 Does the applicant have other insurance for boarding? Yes No If yes, complete table below

Insurance Company	Policy Number	Effective Date

5.5 Does the applicant wish to include boarding coverage on this policy? Yes No

5.6 Do you obtain a waiver of liability from boarders? Yes No *** Please submit a copy of the boarding release/waiver. Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

Section 6 Check if NO exposure Equine Breeding and/or Goods Sold

Applicant is responsible for the breeding of non-owned horses in their care, custody, and control. Professional liability will not be included.

6.1 Is the applicant responsible for breeding of non-owned horses? Yes No

If yes, provide GAR for breeding only \$_____

6.2 Does the applicant supply food, manufacture and/or repair any goods to be sold? Yes No

If yes, describe _____ ***** Products liability may be excluded.**

Section 7 Check if NO exposure Personal Equine Liability

Coverage for the applicant's owned horses due to claims arising out of third-party bodily injury or property damage during personal use and ownership of owned horses. List up to 4 horses below, if the applicant owns more than 4 horses, a separate policy will be necessary.

7.1 Please add the personal equine liability endorsement to policy. Yes No If yes, complete table below

Horse Name	Sex	Use	Age	Registration/Markings	Breed
1.					
2.					
3.					
4.					

Section 8 Check if NO exposure Pony Rides

Not premises specific; where horses or ponies are led, in a round pen or otherwise, for special events, birthday parties, etc. Restraining or tying participants to ponies, saddles, or carousels is not permitted.

8.1 Total Gross Annual Receipts (GAR) pony rides only \$_____

8.2 Estimated # of pony rides per year. _____ and average charge per pony ride. \$_____

8.3 Years of experience giving pony rides. _____

8.4 Describe your operation by marking all that apply: In Ring Handled (side walkers) Carousel (merry go around)
 In enclosed area, explain _____ Other, explain _____

8.5 Are all pony rides supervised by the applicant or their assistants? Yes No

8.6 Minimum age of riders _____ Are parents present during rides? Yes No

8.7 What safety gear is required for participants? _____

8.8 Do you require a signed release/waiver from all parents/guardians of participants? Yes No

Section 9 Check if NO exposure Day Camps

Equestrian camps with the primary focus on horsemanship. A 1-day event or multi day event, lasting longer than a regular lesson and not typically offered every month of the year. Participants may be a group of people that are not regular students of the insured.

9.1 Gross annual receipts from day camps only: _____ Average cost per camper per session: _____

- Expected dates of camps: _____ Number of camps per year: _____
- 9.2 Are day camps operated in cooperating with another organization? Yes No
If yes, detail _____
- 9.3 Years' experience with day camps? _____
- 9.4 List ALL day camps activities: _____
- 9.5 Number of participants per session? _____ Number of days per session? _____
- 9.6 Will camps be offered overnight? Yes No Camp hours? _____
If yes, number of chaperones _____ Age range of chaperones _____ *We require proof of Molestation Policy*
Full names & ages of chaperones _____
Describe all overnight & off-premises activities _____
- 9.7 Are any counselors/employees/supervisors previously or currently under investigation for child abuse? Yes No
- 9.8 Minimum age of participants _____ Age groups of participants _____
- 9.9 Any camp services provided by non-employees? Yes No
If yes, detail _____
- 9.10 Counselor to student ratio: _____ Minimum age of counselors _____
- 9.11 Detail counselor training _____
- 9.12 Full names of all assistants/counselors _____
Describe background checks for counselors/employees _____
- 9.13 Are all rides given in an enclosed arena? Yes No Describe fencing _____
- 9.14 Rides are given in, mark all that apply: Round pen Small arena Small paddock (less than 1/2 acre)
 Other, describe _____
- 9.15 Are participants always under adult supervision? Yes No
- 9.16 Is liquor served during the camp? Yes No
- 9.17 Are participants provided meals? Yes No If yes, detail _____
- 9.18 Do you require a signed release/waiver from all parents/guardians of participants? Yes No

*** *Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.*

Section 10	Check if NO exposure <input type="checkbox"/>	Guided Trail Rides
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Includes rides led by insured, wrangler, or any other party for recreation. Rides open to the public for any length of time, including hourly, long distance or multi-day trips.

- 10.1 Gross annual receipts from guided trail rides: _____
- 10.2 Trail rides participants are Regular students (lesson program) General Public (hourly fee)
- 10.3 Guided trail rides are operated Daily Monthly Seasonally Annually
If daily, _____ # of days If monthly, _____ # of months If seasonally, months _____
- 10.4 Length of rides: 1 hour 1.5 hours 2 hours Over 2 hours
If over 2 hours, provide specifics of ride _____
- 10.5 Average # of horses used _____ Maximum # of horses used _____
- 10.6 Age of riders allowed Youngest _____ Oldest _____
- 10.7 Do rides occur overnight? Yes No If yes, detail _____
- 10.8 Wrangler/Guide/Instructor to riders ratio: _____

- 10.9 Detail training for Wrangler/Guide/Instructor _____
- 10.10 Average length of employment for Wrangler/Guide/Instructor Minimum _____ Maximum _____
- 10.11 What is the age range of Wrangler/Guide/Instructor _____
- 10.12 Are any horses hand lead during the ride? Yes No If yes, explain _____
- 10.13 Is double riding allowed? Yes No If yes, explain _____
- 10.14 Is cantering, loping, or galloping allowed? Yes No If yes, explain _____
- 10.15 Who owns the trail property? _____ Who maintains the trail? _____
- 10.16 Are other activities offered? Yes No If yes, explain _____
- 10.17 Do you require a signed release/waiver from all participants? Yes No

*** Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

Section 11	Check if NO exposure _____	Horse Drawn Vehicle Rides
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Rides on carts or wagons pulled by one horse or a team of horse OR tractor rides for hayrides. Rides given primarily on metropolitan roads, used as taxi service, or hired hourly by the public are not eligible for coverage.

- 11.1 Gross annual receipts from horse drawn vehicle rides: _____
- 11.2 Average number of rides annually _____ Average number of days rides given per week _____
- 11.3 Are operations run under a different name? Yes No If yes, explain _____
- 11.4 Indicate type of rides Wagon/Carriage Sleigh Hay Haunted Hay Tractor Drawn Other
If other, detail _____
- 11.5 Carriage operations (parades, weddings, public tours) List and describe _____
- 11.6 Number of years providing horse drawn vehicle rides and experience: _____
- 11.7 Who conducts/assists rides: Applicant/Owner Spouse Children (under 16) Employees Other
If other, detail _____
- 11.8 # of vehicles used _____ Maximum # of passengers _____ Maximum # of horses per vehicle _____
- 11.9 Type of wagon/sleigh used _____ Age of equipment _____ Who maintains _____
- 11.10 Sleigh or carriage drawn by Horse Horse team Other, detail _____
- 11.11 Are rides given at nighttime? Yes No
If yes, check all equipment Lights Reflectors Hydraulic brakes Slow moving emblems
 Ladder Mobile steps Other, detail _____
- 11.12 Are rides on or cross public roads? Yes No On or cross city/metropolitan roads? Yes No
- 11.13 Is liquor served/allowed during rides? Yes No If yes, detail _____
- 11.14 Do you ever drive in parades? Yes No If yes, number of parade days annually _____
If yes, parade name: _____ Dates _____
- 11.15 Are other activities offered? Yes No If yes, detail _____
- 11.16 Do you require a signed release/waiver from all participants? Yes No

*** Equisure does not evaluate releases/waivers/hold harmless agreements for legality or validity.

Section 12	Check if NO exposure _____	Horse Sales & Leasing
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Providing advice on the purchase of a horse or selling of a horse, owned by you, or not owned by you, whether in your care, custody, control or not. The applicant receives any kind of remuneration, or acts as an agent/broker, including short term leasing where ownership is transferred to another party.

- 12.1 Gross annual receipts from horse sales: _____ Gross annual receipts for horse leasing: _____
Gross annual receipts for advice or acting as a broker _____
- 12.2 Estimated number of horses sold annually: _____ Number of horses leased to others in the last 12 months _____
Number of horses sold, owned by you _____ Number of horses sold, owned by others _____
- 12.3 Average value of horses sold/leased to others _____ Maximum value _____
- 12.4 Are buyers allowed to test ride? Yes No
If yes, type of test Open field Arena Other, detail _____
If yes, is test supervised? Yes No If no, explain _____
If yes, is a signed waiver required? Yes No
- 12.5 Do you sell horses as an agent/broker? Yes No
Do you require a hold harmless agreement? Yes No
- 12.6 Do you give any representations/guarantees/warranties? Yes No
If yes, detail _____

Section 13 Check if NO exposure **Petting Zoos**

A petting zoo features a combination of domestic animals and other species that are docile enough to touch and view. This does not include reptiles or dogs.

<u>DOMESTIC/LIVESTOCK/WILDLIFE ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>WILD/EXOTIC ANIMALS</u>	<u>NUMBER OF ANIMALS</u>
<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>

- 13.1 Gross annual receipts from petting zoos: _____
- 13.2 Do you transport to other locations? Yes No If yes, detail _____
- 13.3 Are animals always separated from visitors? Yes No If no, detail _____
- 13.4 Are visitors allowed to feed animals? Yes No If yes, detail _____
- 13.5 Is safety & health information posted on site? Yes No If yes, detail _____
- 13.6 Are hand washing stations with running water & soap available? Yes No If yes, how many? _____
If no, detail hand sanitation policy _____
Do you provide hand sanitizer? Yes No
- 13.7 Is outside food allowed? Yes No
- 13.8 Do you provide concessions? Yes No If yes, gross annual receipts _____
- 13.9 Are photos available for an additional fee? Yes No If yes, gross annual receipts _____
- 13.10 Are strollers, pacifiers, baby bottles, cups, or toys allowed in the animal area? Yes No
- 13.11 Do you allow visitors to ride any animals? Yes No

If yes, list all animals available for rides _____

If yes, gross annual receipts _____

13.12 Do you require a signed liability waiver to access the petting zoo? ___ Yes ___ No If yes, attach waiver

Section 14 Other Available Coverages

Would you like information on any of the following available coverages?

Club Liability	___ Yes ___ No	Crime	___ Yes ___ No
Cyber Liability	___ Yes ___ No	Directors & Officers Liability	___ Yes ___ No
Animal Mortality	___ Yes ___ No	Special Event Liability	___ Yes ___ No
Other: describe _____			___ Yes ___ No

DISCLAIMERS

The applicant is required to keep records of the information we need for premium computation. At our discretion we may ask for copies to verify the risk information you have provided.

This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

TERMS AND CONDITIONS

I acknowledge that this application is applicable to **Equine Instructor/Trainer Professional Liability only**. I understand that no other coverage is included, and that any additional coverage must be purchased separately. I acknowledge that I have read and agree to the following Terms and Conditions.

- I. All quotes provided are good faith estimates only and are based on information provided to us by the customer, and by the insurance companies quoting. All quotes are subject to underwriting rules and requirements, such as loss history. Various cancellation penalties and minimum earned premiums may apply.
- II. The insured expressly grants the agency the authority to cancel any or all policies to recover monies due because of non-payment of premium on any policy.
- III. It is imperative that all claims be reported promptly to the agency or the insurance company in writing.
- IV. The agency endeavors to explain coverages and available options but makes no claim or warranty that all coverages or options have been offered. It is the buyer's sole responsibility to judge the suitability of the insurance program for their purposes and to understand the limits, perils insured against, exclusions, and limitations of the policies they buy.
- V. All coverages are afforded by a written binder or by a company issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. The insurance company must issue all additions, deletions, or other changes to be valid.
- VI. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, or any desired changes to limits or coverages.
- VII. Some policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States.

Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

FRAUD WARNING NOTICES

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO NEW MEXICO APPLICANTS: 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.

The insurer shall not offer an optional extension period for this policy in New Mexico.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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 (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNATURE



Authorized Signature

Date

Printed Name

Completion Check List

1. All questions are answered
2. Signed, printed name, & dated above
3. Completed certificate request form, if needed
4. Attached all release/waivers
5. Included State Affidavit if physical address is in required state

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AR, CA, CT, DE, FL, KS, MA, NC, NJ,
NY, OH, RI, WV, or WY

CERTIFICATE OF INSURANCE REQUEST FORM

All certificates will be sent to applicant for distribution.

Applicant Name: _____ Email Address: _____

- Additional Insured: will provide insurance coverage to holder, if involved in a covered claim
- Proof of insurance: certificate proving insurance, no coverage provided to holder

1

Certificate holder name: _____ Attn: _____

Full mailing address: _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holder is: Assistant/Staff Landowner Facility owner Sponsor Equipment Lessor

#2

Certificate holder name: _____ Attn: _____

Full mailing address: _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holder is: Assistant/Staff Landowner Facility owner Sponsor Equipment Lessor

#3

Certificate holder name: _____ Attn: _____

Full mailing address: _____

Certificate is for: Proof of Insurance or Additional Insured

Certificate holder is: Assistant/Staff Landowner Facility owner Sponsor Equipment Lessor

Refer to your contract when selecting the appropriate certificate type. Detail below any contact or specific wording required.

