



POLO CLUB LIABILITY APPLICATION

Customer Code: \_\_\_\_\_

Broker Code: \_\_\_\_\_

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

NOTE: Incomplete and unsigned applications will be returned for completion. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage. Approval by Underwriting required. COMPLETE IN BLUE OR BLACK INK ONLY

SECTION 1: APPLICANT INFORMATION

- 1.1. Club Name: \_\_\_\_\_ Club Contact: \_\_\_\_\_
1.2. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
1.3. Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
1.4. Tel # \_\_\_\_\_ Email \_\_\_\_\_ Club Website \_\_\_\_\_
1.5. Membership Assoc. Affiliation (i.e., USPA, USEF, etc): \_\_\_\_\_ Assoc. Number: \_\_\_\_\_
1.6. Number of Club Members: \_\_\_\_\_ One Day Memberships: (ANNUAL) \_\_\_\_\_
1.7. Provide Description of the Club Purpose/Mission Statement: \_\_\_\_\_
1.8. Number of "Sub" clubs/groups affiliated under your organization? \_\_\_\_\_
1.9. Is Applicant 18 or older? \_\_\_ Yes \_\_\_ No
1.10. How did you hear about Equisure? \_\_\_\_\_

Note: Your policy will NOT AUTOMATICALLY extend coverage to any equine activity sponsored or managed by the "sub"/affiliated club or group. Affiliated clubs should seek their own Club Liability Insurance.

SECTION 2: COVERAGE INFORMATION

- 2.1. Liability Limit: Please choose only one option. Higher limits may be available upon request.
I choose the standard policy limits of \$1,000,000/\$1,000,000 occurrence/aggregate
I choose to increase the policy limits to \$1,000,000/\$2,000,000 occurrence/aggregate
I choose to increase the policy limits to \$1,000,000/\$3,000,000 occurrence/aggregate
2.2. Care, Custody & Control Limits for any Non-Owned Horses: Please choose an option to increase limits.
Standard policy limits of \$50,000/\$100,000 automatically included
I choose to increase the policy limits to \$100,000/\$200,000 per horse/aggregate
I choose to increase the policy limits to \$200,000/\$400,000 per horse/aggregate

SECTION 3: CLUB ACTIVITIES INFORMATION

- 3.1. a. Check to the left of all that apply and specify the total number of days for each club activity:
Club meetings (days)
Fun/Play Matches (days)
Clinics (days)
Schooling/Non-Sanctioned Shows (days)
League Matches (days)
Scrimmages (days)
Exhibit Booths/Non-Mounted events (days)
Other (describe): (days)
b. Will the number of spectators ever exceed 300 for any of the above days? \_\_\_ Yes \_\_\_ No If Yes, please explain which events and how many spectators are expected for each of those days

- 3.2. List the USPA sanctioned tournaments in which your club will participate:

Table with 3 columns: Name of event, number of days for this event, number of spectators/participants. Three rows for listing events.

Note: Events with more than 300 spectators may require an additional Premium, please contact Equisure for details



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3.3. Is liquor permitted or served at any of the above club functions? Yes No If yes, please provide details:

- Catered by an outside company Brought by the club members
Provided by the club and sold to the members Sold to the general public
Provided by the club as a courtesy Other

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

- 3.4. Does the club board non-owned horses? Yes No If Yes, how many?
3.5. Does the club maintain stables? Yes No
3.6. Does the club own horses? Yes No If Yes, how many?
3.7. Does the club lease or loan horses to players? Yes No
3.8. Does the club stable horses without receiving board? Yes No
3.9. Does the club provide any training or instruction? Yes No
3.10. Do the Trainers/Instructors have Professional Liability Insurance? Yes No

Disclaimer: This policy does not provide coverage for professional liability.

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

SECTION 4: EQUINE OPERATIONS

4.1. Type of Ownership: Corporation Individual Joint Venture
Limited Liability Corp (LLC) Partnership Sole Proprietorship

4.2. Club owned or leased facility and/or acres:

- 4.2.a. Does the Club lease Acres? No Yes: # of Acres If Yes, do you sublease? No Yes
4.2.b. Does the Club lease buildings? No Yes: # of Buildings
4.2.c. Does the Club own Acres? No Yes: # of Acres If Yes, do you sublease? No Yes
4.2.d. Does the Club own buildings? No Yes: # of Buildings
4.2.e. Please explain and submit guidelines for use of the leased/owned acres.

4.3. Any changes in Clubs' operation in last 12 months? Yes No If Yes, describe
4.4. Does the Club manufacture and/or repair any goods sold? Yes No If Yes, describe

SECTION 5: UNDERWRITING INFORMATION

5.1. Has the Club had Liability Insurance before? Yes No

Insurance Company: Liability Coverage Limit: \$
Expiration Date:

5.2. List other insurance policies the club has:

- Premises Liability. Policy# Company
Directors & Officers. Policy# Company
Workers Compensation. Policy# Company
Excess Liability. Policy# Company
Building Coverage. Policy# Company
Commercial Auto. Policy# Company

5.3. Has the Club been cancelled or refused coverage in the last 3 years? Yes No If Yes, please explain:

5.4. Has the club had any losses or claims within the past 3 years? Yes No If Yes, describe the loss (es) or claims including details, date and amount paid.

5.5. Does the club obtain signed releases from all participants for all equine events? Yes No

5.6. Is there an ambulance or EMT present at matches, clinics or other events? Yes No

If Yes, do you obtain proof of insurance or a certificate of insurance from the EMT? Yes No



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**5.7. Mandatory Requirement:** A sample copy of the equestrian release/waiver form used in your business must accompany this application. Equisure's receipt of such release/waiver form and subsequent possible issuance of a policy does not mean that Equisure has evaluated such release/waiver for its legalities or validity. Copy Attached?  Yes  No

**SECTION 6: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES**

*Coverage for selected activities requires Underwriting approval. Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote.*

- 6.1. Select all additional equine activities that apply.**
- Pony Rides
  - Fundraisers
  - Public Transportation
  - Horse Sales or Tack Stores/Retail Stores
  - None
  - Horse Drawn Vehicle Rides
  - Commercial Overnight Guests
  - Trail Riding *not included* as part of lesson/instructions
  - Other (describe \_\_\_\_\_)

**6.2. Does the Club lease/own any off-road (non-licensed) vehicles?**  Yes  No

**If Yes, do you wish to receive a quote for this coverage?**  Yes  No

*Note: 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 any operator 16 years old or younger.*

**Additional Comments:**

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I would like information about the following coverages.

- Yes  No Professional Liability
- Yes  No Directors & Officers Liability
- Yes  No Special Event Liability
- Yes  No Crime
- Yes  No Personal Equine Liability
- Yes  No Other describe) \_\_\_\_\_
- Yes  No Cyber Liability
- Yes  No Animal Mortality

*Please note that your insurance will be placed under a facility whereby a Profit Commission may be payable to Equisure by the Insurer. Equisure will be paid a commission by the Insurer for the administration of this insurance policy.*



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CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please Type or Print Clearly.

Customer Code: \_\_\_\_\_

Name of Club \_\_\_\_\_ Club Contact/Title \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Tel # \_\_\_\_\_

Fax # \_\_\_\_\_

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Club Representative (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**FRAUD WARNING NOTICES**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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.

\_\_\_\_\_  
**Authorized Club Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**



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## Polo Club Liability Summary

### Named Insured

The Equine Club that has purchased coverage, an additional insured added and identified by endorsement, any member, employee, volunteer, director, officer, or stockholder of the Equine Club that has purchased coverage under this policy.

### Insuring Agreement

The insurer will pay on behalf of the insured all damages and claims expenses which the insured is legally obligated to pay because of any claim for bodily injury or property damage caused by an accident which occurs while the insured is engaged in a covered activity.

### Covered Activity

Means only such activities declared by the insured and specified on the Declarations.

### Exclusions

Expected or Intended Injury, Contractual Liability, Liquor Liability, Workers Compensation and Similar Laws, Employers' Liability, Pollution, Aircraft, Auto or Watercraft, Mobile Equipment, War, Damage to Property you own, Damage to Your Work, Electronic Data, Violation of Statutes, Abuse or Molestation, Professional Services, Mold. *(This is not a complete list of exclusions; please see the Master Policy.)*

**Limits-** (higher/lower limits may be available)

### Standard Policy Limits

Each Accident:	\$1,000,000
Product/Completed Operations Aggregate Limit:	\$1,000,000
Policy Aggregate (Other than Products/Completed Operations)	\$1,000,000

THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE:

Personal & Advertising Injury each accident:	\$1,000,000 any one person
Fire Legal Liability any one Fire and in the aggregate:	\$50,000 any one fire
Property to Damage Limit:	\$25,000 any one covered activity for property rented or loaned to the insured or in your care, custody, or control (other than "horses")
Horse Limit:	\$50,000 any one "horse" in your care, custody or control, subject to \$100,000 in the aggregate for all Horses in care, custody or control
Medical Payment Limit:	\$5,000 any one accident

### Limits Summary

**Occurrence Limit** – The limit stipulating the most the carrier may pay for any one accident, including continuous or repeated exposure to substantially the same general harmful conditions, which occurs while engaged in the "covered activity".

**General Aggregate Limit** - General Aggregate is the most that will be paid during the policy period regardless of the number of claims. The General Aggregate is applicable to all covered claims other than the products and completed operations claims.

**Products and Completed Operations** - Liability arising out of the insured's products, for damages arising out of products manufactured, sold, handled or distributed by the insured. Completed Operations covers damages occurring after operations have been completed or abandoned, or after an item is installed or built and released for its intended purpose.

**Personal & Advertising Injury Limit** - Personal Injury means injury other than bodily injury. Coverage is provided for injury resulting from offenses such as false arrest, malicious prosecution, detention or imprisonment, the wrongful entry into, wrongful eviction from and other acts of invasion, or rights of private occupancy of a room. Coverage for libel and slander is also under this coverage.

**Fire Damage Limit** - Fire damage limit provides coverage for fire damage caused by negligence on the part of the insured to premises rented to the named insured. If a fire occurs because of negligence of the insured and causes damage to property not rented to the insured, coverage could be provided under the occurrence limit.

**Care Custody and Control (-Horse)** – physical possession of or responsibility for property and the legal obligation to exercise care of that property while being used in a covered activity. Also defined as sums the insured becomes legally obligated to pay as damages because of injury, illness or disease (fatal or non-fatal) to horses in their care, custody or control.

**Medical Payment** - Medical payments coverage pays medical expenses resulting from bodily injury caused by an accident on premises owned or rented by the insured, or locations next to such property, or when caused by the insured's operations. These payments are made without regard to the liability of the insured.

If you have questions about polo club liability coverage or you would like more information, please call

**1-800-752-2472**

**All premiums are subject to applicable taxes and fees. The above information is for illustration purposes only. The coverage descriptions in this summary are abbreviated. You will need to refer to the master policy for all terms, conditions, limitations, and exclusions. If there is any conflict between the coverage statements within this proposal and the actual insurance policy, the policy provisions will prevail.**