



EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION (RENEWALS)

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

SECTION 1: APPLICANT INFORMATION CLIENT CODE: _____

- 1.1. Applicant Name: _____
1.2. Business/LLC/Corporation Name: _____
1.3. Mailing Address _____ City _____ State _____ Zip Code _____
1.4. Physical Address _____ City _____ State _____ Zip Code _____
1.5. Telephone # _____ Email _____ Website _____
1.6. Applicant Is: _____ Corporation or Limited Liability Corp (LLC) _____ Joint Venture
_____ Individual _____ Partnership _____ Sole Proprietorship
If application is a Corporation or Limited Liability Corp (LLC)
Name of officers, partners _____ Active in Equestrian Activities listed in section 3 or 4 of this application _____ Their Duties:
_____ Yes _____ No
_____ Yes _____ No
Note: Non-Equine activities are excluded under this policy. Additional premium will apply for involvement in equine activities.
1.7. Is Applicant a member of _____ ARIA _____ USPA _____ CHA Certificate Level _____

SECTION 2: COVERAGE INFORMATION

- 2.1. Limit of Liability - Select One Option: _____ I wish to maintain same limits as expiring policy
_____ Please have someone contact me, I choose to change the policy limits on my renewal
2.2. Care, Custody or Control Limits for any Non-Owned Horses used in your business: Please choose an option to increase limits.
_____ Standard policy limits of \$50,000 for any one non-owned horse, \$100,000 aggregate automatically included
_____ I choose to increase the policy limits to \$100,000 for any one non-owned horse subject to \$200,000 aggregate
_____ I choose to increase the policy limits to \$150,000 for any one non-owned horse subject to \$300,000 aggregate
_____ I choose to increase the policy limits to \$200,000 for any one non-owned horse subject to \$400,000 aggregate

SECTION 3: PROFESSIONAL/GENERAL LIABILITY UNDERWRITING INFORMATION

- 3.1. Applicant(s) and Assistant(s) Equine Activities: (indicate Yes for all that apply or No. If left blank it will be considered No)
_____ Judge _____ Professional Rider/Driver _____ Clinician
_____ Show Official/Manager _____ Course Designer _____ Groom
_____ Riding Instructor _____ Steward _____ Technical Delegate
_____ Horse Trainer (without overnight boarding) _____ Horse Trainer (with overnight boarding)
_____ Trail Riding to regular weekly or monthly students (includes arena instruction)
_____ Other (describe _____)
3.2. If yes to clinician in 3.1, how many clinic days per year? _____
3.3. Average Number of Clients/Students/Horses applicant and assistant trains/instructs per Month (be sure to include any clinic participants): _____ 0 - 15 _____ 16 - 29 _____ 30 - 49 _____ 50 - 100 _____ 101+ (submit for rate)
3.4. Total Gross Annual Receipts (GAR) including Donations (the money earned over the last year, before expenses): for all equine activities listed in 3.1 for applicant & assistant(s): Please exclude boarding receipts & anything not listed in 3.1.
_____ \$0-50,000 _____ \$50,001-\$100,000 _____ \$100,001-150,000
_____ \$150,001-\$200,000 _____ \$ _____ {Must provide actual GAR if over \$200,001}
3.5. Applicants Primary Training Discipline _____
3.6. Do you use Assistants and/or Staff to help with any of your equestrian activities? _____ Yes _____ No
3.6.1. If Yes, how many? _____ Are your Assistants/Staff 16 or older? _____ Yes _____ No
3.6.2. If Yes, list names and addresses below



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3.7. Do you use Volunteers and/or Working Students for any of your Equine Activities? Yes No
3.7.1. If Yes, how many volunteers and/or working students on average per month? 1-6 7-12 13-18 19-24 25-50 50+

3.7.2. If Yes, do volunteers or working students receive any remuneration for their services to you? If Yes, explain

Please Note: Injury to an assistant/employee, working student or volunteer while acting on behalf of the applicant is excluded.

3.8. Do you have workers compensation insurance? Yes No
Please Note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.]

3.9. Boarding: Yes, I am responsible for non-owned horses in my care overnight.
No, I am not responsible for non-owned horses in my care overnight.

3.9.1. If Yes, Average # of non-owned horses boarded monthly 1-15 16-25 26-35 36-45 46-55 56-99 100+

3.9.2. If Yes, Provide Gross Annual Receipts for All Boarding ONLY \$ (Note: If "none" indicate as \$0.00)

3.9.3. Are you responsible for non-owned horses overnight at shows? Yes No If yes, # of non-owned horses.

3.9.4. What is the Maximum value of any Non-Owned/Boarded Horse in your care, custody, control? \$

3.9.5. Does applicant have other insurance for boarding? Yes No
If Yes, Provide: Carrier Policy # Effective Date

3.9.6. Do you wish to include board coverage on this policy? Yes No

3.10. Breeding Yes No

3.10.1. If Yes, is applicant responsible for non-owned horse(s) during breeding? Yes No

3.10.2. If Yes, Gross Annual Receipts for Breeding: \$ (Note: If "none" indicate as \$0.00)

3.11. Any changes in applicants' operation in last 12 months? Yes No (If Yes, describe)

3.12. Does the applicant supply food, manufacture and/or repair any goods sold? Yes No
If Yes, describe (Please Note: If yes, no products liability will be provided by this policy)

3.13. Do you obtain a release signed by your students, clients, boarders and volunteers relieving you of claims for bodily injury & property damage? Yes No
Have you made any changes in your release since last year? Yes No If yes, a copy must accompany this application.

MANDATORY REQUIREMENT: 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. Note: Liability Release should release the applicant and/or the business name of the applicant from liability.

SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

4.1. Additional Equine Activities (indicate Yes for all that apply or No) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote. Coverage for selected activities requires Underwriting approval.

- Pony Rides Horse Drawn Vehicle Rides
Day Camps Equine Assisted Activities Therapy (EAAT)
Horse Sales Petting Zoo
Trail Riding to client impromptu or scheduled not your regular student (short lesson or video)
Other (describe)

Do you wish to obtain a quote for the above activities? Yes No
If Yes, a supplemental application is required in order to receive a quote. You can call our office for the supplemental application or you can download the supplemental application from our website: www.Equisure-inc.com, and forward along with this application.
If No, these equine activities will be excluded from coverage.

Note: This policy does not provide coverage for any activities listed in 4.1 until properly endorsed. Any activities not declared will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

4.2. Does applicant lease or own any ATV or Golf Carts for use in equestrian activities listed on this application? Yes No

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4.2.1. If Yes, do you wish to receive a quote for Liability coverage only? [Physical damage coverage is not available] ___ Yes ___ No

4.2.2. If Yes, indicate number and type of vehicles: _____

Explain use of the vehicles: _____

NOTE: If purchased, liability coverage only applies during the declared equine activities listed on the schedule.

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 an unlicensed operator or any operator 16 years old or younger.

SECTION 5: INSURANCE HISTORY

5.1. Has the applicant had any losses/claims within the past 3 years? ___ No Losses/Claims ___ Yes Losses/Claims (If yes please provide details of any loss(es) or claims including dates, details and amount paid on a separate piece of paper). A Loss History report may be required from your prior carrier.

SECTION 6: PERSONAL EQUINE LIABILITY OPTION ___ Yes ___ No

This is an optional endorsement to the business policy, designed to protect you against claims arising out of bodily injury or property damage caused by your horse during personal use (trail riding, showing, pasturing). For owners with 4 or less horses.

Declared Private Owned Horses (OWNED or LEASED 100% BY THE APPLICANT)

Application must be submitted for a rate if you own/lease more than four horses.

Table with 6 columns: HORSE NAME, SEX, USE, AGE, REGISTRATION/COLOR/MARKINGS, BREED

CHANGES MADE TO THE DECLARED OWNED/LEASED HORSES DURING THE POLICY TERM NEED TO BE MADE IN WRITING.

DISCLAIMERS

- I. The applicant is required to keep records of the information we need for premium computation...
II. This policy does not provide coverage for any claim made or suit brought against 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. All quotes provided are good faith estimates only and are based on information provided to us by the customer...
II. The insured expressly grants the agency the authority to cancel any or all policies...
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...
V. All coverages are afforded by a written binder or by a company issued policy...
VI. The insurance policy is the contract between you and the insurance company...
VII. Some policies have territorial limits of which you should make yourself aware...
VIII. Acceptance of this application by signature and by payment of premium constitutes acceptance...

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I would like information about the following available coverages.

- Yes No Club Liability Yes No Crime Yes No Cyber Liability
Yes No Directors & Officers Liability Yes No Personal Equine Liability Yes No Animal Mortality
Yes No Special Event Liability Yes No Other (describe)



To cut down on our paper consumption, we now offer electronic policy delivery. Please select one of the options below.

- I prefer to receive my policy documents via e-mail. Email:
- I prefer to receive my policy documents via hard copy in the mail.

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,

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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 Signature

Date

Print Name

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.

CHECKLIST

1. **Be sure to provide answers to ALL questions on this application.**
2. **Sign and print your name above**
3. **Complete the certificate request form, if needed, on page 6**
4. **Attach your release or waiver if Applicable.**
5. **Include State Affidavit if Applicable (see below)**

**If your Physical Address is in one of the following states additional information will be required prior to policy issuance:
AR, CA, CT, DE, FL, KS, MA, NC, NJ, NY, OH, RI, WV or WY**



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CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

ALL CERTIFICATES REQUESTED BELOW WILL BE EMAILED/MAILED TO THE APPLICANT ON THIS PAGE FOR DISTRIBUTION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN AGREED UPON.

Applicant Name: _____ Email address: _____

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

Certificate Holder Definitions

- Additional Insured's: if added will provide insurance rights to the other party... Proof of insurance: will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. Please note we must have complete mailing addresses for either request.

CHECK HERE IF YOU WOULD LIKE THE SAME CERTIFICATES AS EXPIRING

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

Certificate Holder Name: _____ Mailing Address: _____ City/State/Zip: _____ Attn: _____

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

Certificate Holder Name: _____ Mailing Address: _____ City/State/Zip: _____ Attn: _____

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

Certificate Holder Name: _____ Mailing Address: _____ City/State/Zip: _____ Attn: _____



**EQUINE INSTRUCTOR/TRAINER PROFESSIONAL LIABILITY APPLICATION
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***RATING WORKSHEET FOR ANNUAL POLICY PREMIUM: Liability Limits \$1,000,000 Occurrence/\$1,000,000 Aggregate
All other limit requests please Submit for Rate.**

STEP 1: GROSS ANNUAL RECEIPTS (GAR) for Applicant and all Assistants

[Refer to Section 3 of application to complete] (Example: 20 students, GAR \$55,000 = \$1559.00)

Number of Horses/Students	GAR \$0-50,000	\$50,001-\$100,000	\$100,001-150,000
0-15	\$ 750.00	\$ 1359.00	\$ 1999.00
16-29	\$ 1359.00	\$ 1559.00	\$ 2199.00
30-49	\$ 1858.00	\$ 1957.00	\$ 2599.00
50-100	\$ 2586.00	\$ 2753.00	\$ 2899.00

**Horses over 100 or
GAR over \$150,000
SUBMIT FOR RATE**

**STEP 1
GAR PREMIUM: \$ _____**

STEP 2: CLINICS

I want coverage for Clinics Yes No, I do not want coverage for clinics

1-6 days per year – no charge 7-25 days per year - \$125.00 additional premium

26-100 days per year - \$250 additional premium 101+ days - SUBMIT

STEP 2 CLINICS PREMIUM: \$ _____

STEP 3: ASSISTANTS/PARTNERS/STAFF

I want coverage for Assistants/Partners (including spouse and LLC/Corporation members working in the business)

Yes \$325.00 x _____ # of assistants/partners

No, I do not want coverage for assistants/partners

**STEP 3
ASSISTANT PREMIUM: \$ _____**

STEP 4: VOLUNTEER/WORKING STUDENT PROGRAM

Yes I want coverage for Volunteers/Working Students

1-6 per Month	\$125.00 additional annual premium	19-24 per Month	\$500.00 additional annual premium
7-12 per Month	\$250.00 additional annual premium	25-50 per Month	\$775.00 additional annual premium
13-18 per Month	\$375.00 additional annual premium	50+ per Month	SUBMIT FOR RATE

No, I do not want coverage for volunteers/working students

STEP 4 VOLUNTEER PREMIUM: \$ _____

STEP 5: BOARDING (with or without income)

I want coverage for overnight Boarding

Yes No, I do not want coverage for overnight boarding

1-15 Horses OR GAR up to \$100,000	16-25 Horses OR GAR \$100,001 to \$150,000	26-35 Horses OR GAR \$150,001 to \$200,000	36-45 Horses OR GAR \$200,001 to \$250,000
\$ 771.00	\$ 974.00	\$ 1365.00	\$1911.00

**Horses over 45 or
GAR over \$250,000
SUBMIT FOR RATE**

STEP 5 BOARDING Premium: \$ _____

STEP 6: BREEDING (with or without income)

I want coverage for Breeding *Professional Liability does not apply*

Yes \$300.00- If receipts are over \$50,000 Submit for Rate

No, I do not want coverage for breeding

STEP 6 BREEDING Premium: \$ _____

STEP 7: ADDITIONAL EQUINE ACTIVITIES

Supplement Application Required in order to quote

- a. Pony Rides: Submit supplemental application for Rate. Yes No, I do not want coverage for pony rides
- b. Day Camps: Submit supplemental application for Rate. Yes No, I do not want coverage for day camps
- c. Horse Sales: Submit supplemental application for Rate. Yes No, I do not want coverage for horse sales
- d. Other: _____: Provide details/brochure for rate. Yes No, I do not want coverage for other

STEP 8: PERSONAL EQUINE LIABILITY **Section 6 above must be completed when adding this option.**

Yes, I want coverage for Personal Equine Liability \$110 additional annual premium

No, I do not want coverage for Personal Equine Liability

STEP 8 PERSONAL EQUINE Premium: \$ _____

STEP 9: TOTAL ANNUAL POLICY PREMIUM*

TOTAL (add steps 1-8) \$ _____

****NOTE: This is a premium indication ONLY based upon information provided by applicant. This worksheet does not represent all coverage combinations, changes in limits of insurance, claims history or pending claims. Policy is subject to premium audit.***



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PAYMENT OPTIONS FORM

Please select only one payment option. Return form with completed application. Print legible.

Applicant Name * _____ Client Code _____

Business/Club Name _____

Address* _____ City * _____ State* _____ Zip* _____

Phone* _____ Fax _____

Email* _____ * required

___ Request Quote Only (No payment enclosed)

___ Full Payment Credit Card (**complete authorization form on next page**)

___ Full Payment Check or Money Order (made payable to: Equisure, Inc.) \$ _____

___ Premium Financing - Minimum 30% down payment (credit card, check or money order made payable to Equisure, Inc.) required for financing.

Premium Down Payment: ___ Credit Card (**complete authorization form on next page**)

___ Check or Money Order (made payable to: Equisure, Inc.) \$ _____

The remaining balance, after the 30% down payment to Equisure, Inc., will be billed and paid to IPFS Corporation (IPFS)² and is not financed by Equisure, Inc.

Optional Endorsement and Mortality Major Medical premiums must be paid in full and cannot be financed.

FINANCE AUTHORIZATION

By signing this confirmation as the named insured, you authorize a representative of Equisure, Inc. to prepare and sign the Premium Finance Agreement on your behalf and agree to all provisions of the Premium Finance Agreement. A copy of the Premium Finance Agreement will be provided to you. (Please be advised that interest rates may vary and may exceed 20% APR).



Signature

Date

___ Yes, I would like to receive my finance notices, finance invoices and finance statements via email from IPFS Corporation (IPFS). Please print the name and provide an email address to receive IPFS eForms. [Note: IPFS will continue to utilize the US Postal Service (USPS) for the purpose of legal notifications required by premium financing statutes. These notices will be emailed and also mailed through the USPS].

Name

Email address



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CREDIT CARD AUTHORIZATION FORM

Return form with completed application if paying with a credit card. Print legible.

___ VISA or ___ MasterCard **Amount Authorized \$** _____

We do not accept American Express or Discover

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration date: _____

Signature as shown on Credit Card _____