

**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.**

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

**Section 1 Club Information**

- 1.1 Club Name: \_\_\_\_\_ Desired Effective Date \_\_\_\_\_  
 1.2 Primary Club Contact Name & Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 1.3 Club Website Address: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
 1.4 Club is:  Non-profit  For Profit  Not for Profit

IMPORTANT only the person listed as the primary contact (above) and the two secondary contact(s) listed below will have authority to request information on behalf of this club. Please indicate additional contacts below:

Secondary Club Contact Names	Email Address	Phone #

- 1.5 Mailing Address (Contact) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1.6 Physical Address (Club): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1.7 Club preferred documentation method. **PICK ONE**  electronic (email)  hard copy (USPS)  
 1.8 How did you hear about Equisure? \_\_\_\_\_  
 1.9 Is the club affiliated with AKC?  Yes  No Number of club members: \_\_\_\_\_  
 1.10 Does the club currently or previously carry liability insurance?  Yes  No **If yes, complete table below**  
 If no insurance, please explain why not prior insurance \_\_\_\_\_

Insurance Company	Coverage Limits	Annual Premium	Expiration Date	Losses in past 5 years?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\* If losses, detail claims/losses with dates, details, & amount paid on a separate piece of paper and submit. A Loss History may be required.

**Section 2 Coverage Limit Options**

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

Standard Limits	Increase Limit Options (Additional Premium will apply)
\$1,000,000/\$2,000,000 (Occurrence/Aggregate)	<input type="checkbox"/> \$1,000,000/\$3,000,000 (Occurrence/Aggregate)
	<input type="checkbox"/> \$2,000,000/\$2,000,000 (Occurrence/Aggregate)

**Section 3 Club Activities**

**Club Type (check all that apply)**  Parent Specialty  All Breed  Specialty (single breed)  
 Group (limited breed)  Obedience  Tracking  Agility  Rally  Field Trail  Hunting Test  
 Herding  Coonhound  Lure Coursing  Earthdog and Scent Work  Other \_\_\_\_\_  
 \_\_\_\_\_

**Club Activities Included:**

Meetings	Water Dog Trials	Lure Coursing	All Breed Show
Classes/Seminars	Herding	Match Shows A/B	Hunts/Hunt Tests
Specialty	Fun Matches	Coursing Ability Test	Rally
Agility Trials	Conformation Shows	Obedience	Field Trials
Earthdog			

3.1 If you would like coverage for any club activities other than the above listed, please describe below:

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3.2 Does the club use horses during any event?  Yes  No

3.3 Does the club use live ammunition during any event?  Yes  No

3.4 Does the club have any events with more than 10,000 Spectators/Participants combined?  Yes  No

Name and Date of event \_\_\_\_\_ a separate policy will need to be rated and issued for such events.

<b>Section 4</b>	<b>Check if no club exposure</b> <input type="checkbox"/>	<b>Dog Rescue Activities</b>
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4.1 Check the statement below that best describes your club's dog rescue activities

Club does not perform any breed rescue activities

Club performs rescue functions and rehomes **20 or less dogs per year** and wishes to include coverage for this activity

Club places more than 20 dogs per year and wishes to apply for a separate policy for this activity

Club rescue activities are performed under a separate entity (e.g., 501c, LLC etc.)

We would like a quote for this activity:  Yes  No Whom should we contact?

Name \_\_\_\_\_ Phone number \_\_\_\_\_

4.2 Do you obtain a signed and dated release/waiver from all foster homes, volunteers, and adopters?  Yes  No

*A copy of release is required and must be submitted with this application.*

<b>Section 5</b>	<b>Check if no club exposure</b> <input type="checkbox"/>	<b>Club Training Activities</b>
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Identify your club's dog training classes and activities below:

5.1 Dog training activities are provided to club members only.  Yes  No

5.2 Club activities include dog training to other than club members?  Yes  No

a. Annual gross receipts for training to other than club members \_\_\_\_\_ (income prior to expenses)

b. Describe the type of training activities provided (e.g., obedience, water dog, agility etc.)

\_\_\_\_\_ *Ineligible training: search and rescue, service dog, guard dog or protection*

c. Do you obtain a signed and dated release/waiver from all participants, and volunteers?  Yes  No

*A copy of release is required and must be submitted with this application.*

<b>Section 6</b>	<b>Check if no club exposure</b> <input type="checkbox"/>	<b>Fundraising Events</b>
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6.1 Does the Club hold fundraising events?  Yes  No

6.2 Describe the fundraising events in detail: \_\_\_\_\_

6.3 If yes, what are the yearly projected funds to be raised? \_\_\_\_\_

6.4 Estimated fundraiser days per year? \_\_\_\_\_

- 6.5 Estimated number of people attending fundraisers? \_\_\_\_\_
- 6.6 Do you obtain a signed and dated release/waiver from all participants, and volunteers? \_\_\_ Yes \_\_\_ No  
*A copy of release is required and must be submitted with this application.*

### TERMS AND CONDITIONS

I acknowledge that this application is applicable to **AKC Club Liability/Accident Insurance 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 applies 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.

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

Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cyber Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Directors & Officers Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: describe _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SIGNATURE**



REQUIRED: Authorized Signature

Date

Authorized Club Representative Name (please print)

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.

## CERTIFICATE OF INSURANCE REQUEST FORM

*All certificates will be sent to club contact for distribution unless special arrangements have been agreed.*

Club Name: \_\_\_\_\_ Name of Person Requesting Certificate(s) \_\_\_\_\_

Your Email Address: \_\_\_\_\_ Your Tel # \_\_\_\_\_

- **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

### Certificate of Insurance Request #1

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address (REQUIRED): \_\_\_\_\_

Certificate is for: \_\_\_ Proof of Insurance or \_\_\_ Additional Insured

Certificate holder is: \_\_\_ Landowner \_\_\_ Facility owner \_\_\_ Sponsor \_\_\_ Equipment Lessor

Event Name, start and end dates of event needing the certificate: \_\_\_\_\_

### Certificate of Insurance Request #2

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address (REQUIRED): \_\_\_\_\_

Certificate is for: \_\_\_ Proof of Insurance or \_\_\_ Additional Insured

Certificate holder is: \_\_\_ Landowner \_\_\_ Facility owner \_\_\_ Sponsor \_\_\_ Equipment Lessor

Event Name, start and end dates of event needing the certificate: \_\_\_\_\_

### Certificate of Insurance Request #3

Certificate holder name: \_\_\_\_\_ Attn: \_\_\_\_\_

Full mailing address (REQUIRED): \_\_\_\_\_

Certificate is for: \_\_\_ Proof of Insurance or \_\_\_ Additional Insured

Certificate holder is: \_\_\_ Landowner \_\_\_ Facility owner \_\_\_ Sponsor \_\_\_ Equipment Lessor

Event Name, start and end dates of event needing the certificate: \_\_\_\_\_

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

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**RATING WORKSHEET**

\*\*\*\*Please Note This Policy Premium is Subject to a Minimum Earned Premium of 250.00\*\*\*\*

Please refer to the Master Policy for Specific Policy Terms, Conditions and Exclusions.

**STEP 1- STANDARD POLICY LIMITS**

A. General Liability:

Occurrence Limit	\$1,000,000
Property Loaned to or rented to club in their Care, Custody or Control	\$25,000
Aggregate Limit	\$2,000,000
Products and Completed Operations	\$2,000,000
Medical Payments	\$5,000
Fire Legal Liability	\$100,000
<u>Inland Marine:</u>	
Club Owned Property (Property owned by members not covered)	\$1,000 per item / \$5,000 Aggregate

B. Accidental Death and Dismemberment: Up to a \$40,000 Death Benefit (over age 18) / 1,000,000 Aggregate

C. Medical Expense Benefits: Up to \$10,000 Subject to \$100 Deductible

*This is a brief description of coverage provided by policies; please see the actual policies for all terms and conditions.*

**STEP 1 PREMIUM: \$600.00**

**STEP 2- ADDITIONAL OPTIONS**

- A.  Yes, I want general liability coverage for Training to the General Public (professional liability coverage not included)
- No, I do not want general liability coverage for training to the general public

Gross Annual Receipts (Training Receipts Only)	Annual Premium
<input type="checkbox"/> \$0-25,000	\$100.00
<input type="checkbox"/> \$25,001-50,000	\$150.00
<input type="checkbox"/> \$50,001-100,000	\$200.00
<input type="checkbox"/> \$100,001-150,000	\$300.00

B. Increase Club Owned Property (equipment) Value & Limits:

Standard policy limit included: \$1,000 per item/\$5,000 Aggregate limit; \$100 Deductible

Max Value Per Item	Aggregate Limit	Deductible	Premium
<input type="checkbox"/> \$5,000	\$10,000	\$250.00	\$200.00
<input type="checkbox"/> \$10,000	\$20,000	\$500.00	\$400.00
<input type="checkbox"/> \$15,000	\$30,000	\$750.00	\$715.00

**Add A and B above STEP 2 PREMIUM: \$ \_\_\_\_\_**

**STEP 3- FUNDRAISERS**

A. Does the Club hold fundraising events?  Yes  No      SUBMIT FOR RATE

**Add total from STEP 1 and Step 2 TOTAL PREMIUM: \$ \_\_\_\_\_**