

**DOMESTIC PET CLUB LIABILITY APPLICATION
(OTHER THAN AKC® AFFILIATED CLUBS)**

COMPLETE IN BLUE OR BLACK INK ONLY

CLIENT CODE: _____ IF NEW POLICY, DESIRED EFFECTIVE DATE: _____

Club name: _____ Contact or club phone: _____

In what state is your club domiciled or incorporated? _____

Contact name & title: _____ Email Address _____

Mailing Address: (Contact) _____

STREET CITY/STATE ZIP

Physical Address: (Club) _____

STREET CITY/STATE ZIP

Club Website: _____

Is your club affiliated with a larger club or group? (UKC or others) list all: _____

Is Applicant 18 or older? Yes No

Provide two other names that will have permission to make requests on behalf of this club: ***IMPORTANT only the person(s) listed as the contact (above) and the two persons listed below will have authority to request information on behalf of this club.***

1. Name & Title _____ email _____ Phone _____

2. Name & Title _____ email _____ Phone _____

Provide Description of Clubs Mission/Purpose: _____

Club type: NATIONAL (parent) REGIONAL LOCAL OTHER: _____

UNDERWRITING QUESTIONS (please answer completely):

1. How many individual members in your club? _____ How many family memberships? _____
(if you have member clubs, they will need to purchase separate insurance. This policy will provide coverage for the named insured (your club) only as listed above)
2. What is the total annual club revenue? (include training, events and services) _____
3. Club owned or leased facility and/or acres:
a. Does the Club lease Acres? no yes: # of Acres _____ If yes, do you sublease **for any reason?** no yes
If yes for sublease, explain: _____
4. Does the Club own Acres? no yes: # of Acres _____ If yes, do you sublease? no yes
a. If yes for sublease, explain: _____
5. Does Club/applicant have other insurance for Owned Acres or Buildings? yes no
(The policy you are applying for, will not include coverage for any owned/leased buildings)
a. If yes, Provide: Carrier _____ Policy # _____ Effective Date _____
b. Please explain how you use any owned leased/owned acres. _____
6. Please declare your club activities **and all** training, services, and events sponsored by your club:
 Meetings Breed Shows Match Shows/Fun Matches Herding Test/Trails Field Trials Lure Coursing
 Classes/Seminars Hunts/Hunt Tests Agility Trials Conformation Events Rally Obedience Trials
 Coursing Ability Test Earthdog Specialty Shows Dock Jumping Nose Work Beagle Events
 Pointing Dog Events Other, describe _____
 LARGE EVENTS with more than 1,000 spectators. If yes, please give dates and describe the event _____
7. Do your club operations include training activities? yes no
 a. Describe type of training activities: _____
 b. Training provided to club members only yes no
 c. Training provided to the general public for a fee yes no
 d. Club gross annual receipts from training to the general public _____
 e. Training provided by non-member yes no (If yes, no coverage provided by this policy)

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8. Does the Club hold fundraisers? yes no If yes, what are the estimated projected funds to be raised? _____
9. Does the Club lease or own any ATV's or Golf Carts for use during Club activities declared on this application? Yes No
 If Yes, do you wish to receive a quote for Liability coverage? (Physical damage is not available) Yes No
 If Yes, indicate number and type: _____ Explain use: _____
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.
10. Do you ever use live ammunition during an event? yes no
11. Have you had insurance before? yes no
 If yes, what was the name of the prior insurance carrier? _____ annual premium? _____
 Have there been any losses or claims in the last 5 years? yes no *If yes, please provide description on separate sheet of paper and attach to application*

TERMS AND CONDITIONS

I acknowledge that this application is applicable to **Pet Club 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 in order 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 possible 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. All additions, deletions, or other changes must be issued by the insurance company 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.
- VIII. Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

I would like information about the following available coverages.

- Yes No Directors & Officers Liability Yes No Crime/Fidelity Yes No Cyber Liability
- Yes No Special Event Liability Yes No Animal Mortality Yes No Professional 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.
- 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 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.

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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 (please print) _____

Signature: _____ **Date:** _____

*****Please Note, a \$250 Fully Earned Premium Will Apply*****

Please refer to the Master Policy for Specific Policy Terms, Conditions and Exclusions.
Please Note—if you reside in the following states additional information will be required:
AR, CA, CT, DE, FL, KS, MA, NC, NJ, NY, OH, RI, WV or WY

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CERTIFICATE of INSURANCE REQUEST FORM
Keep a copy of this page for future certificate requests
This is not a binder. Please type or print clearly.

Club Name _____ Name of Person Requesting Certificate _____

Your Tel # _____ Your Email Address _____

NOTE: Please refer to any contracts or agreement the club has signed when 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 (the additional insured) if involved in a covered claim.
- **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 <i>(Select One)</i> _____ PROOF OF INSURANCE _____ ADDITIONAL INSURED (AI) <i>(Check all that apply)</i> _____ Landowner _____ Facility Owner _____ Sponsor _____ Equipment Lessor

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Event Name, start and end dates of event needing the certificate _____

CERTIFICATE HOLDER <i>(Select One)</i> _____ PROOF OF INSURANCE _____ ADDITIONAL INSURED (AI) <i>(Check all that apply)</i> _____ Landowner _____ Facility Owner _____ Sponsor _____ Equipment Lessor

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Event Name, start and end dates of event needing the certificate _____

CERTIFICATE HOLDER <i>(Select One)</i> _____ PROOF OF INSURANCE _____ ADDITIONAL INSURED (AI) <i>(Check all that apply)</i> _____ Landowner _____ Facility Owner _____ Sponsor _____ Equipment Lessor

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