

# USPA POLO CLUB APPLICATION

**Farm & Equine CGL applications may be required for property and additional liability exposures**

<b>IMPORTANT: INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION. ALL OPERATIONS MUST BE DECLARED. ALL HORSE-RELATED EXPOSURES MUST BE INSURED.</b>			
LIMIT OF LIABILITY REQUESTED: <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> EXCESS LIABILITY    \$			
NAME OF CLUB			
TYPE OF ORGANIZATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT			
NAME & TITLE OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED			
ADDRESS			
CITY		STATE	ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER (    )	FAX (    )
WEBSITE ADDRESS		DATE CLUB ESTABLISHED	
DESIRED EFFECTIVE DATE		Number player club members:	Number social club members:
LOCATION IF OTHER THAN ABOVE ADDRESS			
CITY		STATE	ZIP CODE
DOES CLUB OWN ANY PREMISES (IF YES, GIVE DESCRIPTION BELOW)  <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES YOUR CLUB RENT ANY PREMISES ON A LONG-TERM LEASE (IF YES, GIVE DESCRIPTION BELOW)  <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU WANT TO INSURE ANY BUILDINGS, PERSONAL PROPERTY OR AUTOMOBILES? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH SEPARATE APPLICATION)			
IS THE CLUB A MEMBER OF U.S.P.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES CLUB HAVE EMPLOYEES ? <input type="checkbox"/> Yes <input type="checkbox"/> No NUMBER _____    TOTAL PAYROLL \$ _____	
GIVE DESCRIPTION OF ALL PREMISES AND FUNCTIONS			
<b>POLO CLUB SCHEDULE OF EVENTS</b>			
CLUB POLO EVENT DAYS WITHOUT SPECTATORS	ESTIMATED TOTAL NUMBER OF CLUB MATCH – SCRIMMAGE DAYS – NO SPECTATORS		
<b>List ONLY club activities where general public spectators will be present. Do not show any activities which are limited to Members only in this section. Do not duplicate events dates</b>			
CLUB POLO EVENT DAYS WITH SPECTATORS	ESTIMATED TOTAL NUMBER OF PUBLIC EVENT DAYS	AVG # SPECTATORS	AVG # PLAYERS
USPA EVENT DATES	NAME OF EVENTS		
USPA EVENT DATES	NAME OF EVENT	# SPECTATORS	# PLAYERS
# OF CLINIC DAYS	DATES	# SPECTATORS	# PLAYERS
WILL SPECTATORS EVER EXCEED 250 FOR ANY OF THE ABOVE DAYS (IF SO, LIST EVENTS) <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS	

**NOTE: POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE FOR POLO ATHLETIC PARTICIPANTS PARTICIPANTS**

**POLO CLUB ACTIVITES**DOES THE CLUB REQUIRE ALL PLAYERS TO SIGN A LIABILITY RELEASE?  Yes  No

Please attach a copy of equine liability release

DOES THE CLUB OWN HORSES?  Yes  No IF YES HOW MANY?IF YES, DOES CLUB LEASE, RENT OR LOAN HORSES TO NON-MEMBER PLAYERS?  Yes  NoIF YES, DOES CLUB USE SEPARATE AGREEMENT FOR RENTED HORSES? If Yes, Please attach copy  Yes  No

User of Club owned horse must sign affidavite that horse and tack have been inspected and are in good condition.

IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS?

 Catered by Outside Company Provided by the club and sold to the members Provided by the club as a courtesy Yes  No IF YES Brought by the club members Sold to the general publicIS FOOD SERVED AT ANY CLUB FUNCTIONS?  Yes  No IF YES, EXPLAINARE GOLF CARTS, ATV OR ANY RECREATIONAL (NON-LICENSED) VEHICLES USED IN ANY EVENTS?  Yes  No

GOLF CART OR ATV POLO IS EXCLUDED FROM COVERAGE

DOES THE CLUB SELL TACK, CLOTHING FEED OR SUPPLEMENTS?  Yes  No

IF YES, ANNUAL GROSS SALES \$ \_\_\_\_\_ PRODUCTS SOLD: \_\_\_\_\_

**EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS** CHECK IF NO EXPOSUREDOES THE CLUB EMPLOY PROFESSIONAL INSTRUCTORS?  Yes  No

NUMBER OF SCHOOL HORSES AVAILABLE FOR INSTRUCTION AT PEAK SEASON (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES)

GROSS SCHOOL HORSE RIDING INSTRUCTION RECEIPTS

\$

ANY STALLIONS USED

 Yes  No

DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES

 Yes  No

HOW MANY PER YEAR

GROSS STUDENT HORSE RECEIPTS

\$

DO YOU HAVE QUALIFIED INSTRUCTORS?

 Yes  No

ARE ALL CERTIFIED BY RIDING INSTITUTE

 Yes  No

IS THERE ANY PERIOD OF TIME WHEN YOU DO NOT GIVE INSTRUCTION?

 Yes  No

GIVE DATES

IS A RELEASE SIGNED BY ALL STUDENTS OR, IF A MINOR, BY THEIR PARENT OR GUARDIAN

 Yes  No

ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR

 Yes  No

DO YOU ATTEND OFF-PREMISES EVENTS WITH YOUR STUDENTS?

 Yes  No

IF YES, HOW MANY TIMES PER YEAR

GROSS OFF-SITE RECEIPTS (INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED)

\$

DO YOU HOLD CLINICS FOR NON-STUDENTS

 Yes  No

HOW MANY

AVERAGE ATTENDANCE

RECEIPTS

\$

DO YOU OPERATE A DAY CAMP?  Yes  No IF YES, DESCRIBE ACTIVITES OTHER THAN RIDING INSTRUCTION.**INDEPENDENT INSTRUCTORS / TRAINERS** CHECK IF NO EXPOSUREDO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES ?  Yes  No NoIF YES, DO THEY CARRY THEIR OWN INSURANCE? ++  Yes  No

++ If yes, Club must require a Certificate of Insurance with additional insured endorsement for each trainer / instructor.

**BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING** CHECK IF NO EXPOSURE

TOTAL NUMBER STALLS

MAX NUMBER BOARDED

AVG NUMBER BOARDED

PASTURED NOT INCLUDED IN BOARD TOTAL

STABLE EMPLOYEE PAYROLL

\$

GROSS BOARDING RECEIPTS

\$

DO YOU PROVIDE RIDING FACILITIES FOR YOUR BOARDERS — DESCRIBE

 Yes  No

DO YOU ALLOW NON-MEMBERS TO USE YOUR FACILITIES — EXPLAIN

 Yes  No

RECEIPTS

\$

TRAINING (NOT RACE HORSES) MAXIMUM NUMBER TRAINED (YEARLY)

 Yes  No

OWNED

NONOWNED

IS OWNER OF HORSE GIVEN INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS - TRAINING \$	GROSS RECEIPTS - INSTRUCTION \$
DO YOU OBTAIN RELEASES RELIEVING YOU FROM CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE FROM BOARDERS/STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU ATTEND OFF-PREMISES SHOWS WITH HORSES IN TRAINING (INJURY TO HORSES BEING TRANSPORTED NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW OFTEN	DOES OWNER ATTEND <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS
ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN INSURED (FOR WHAT REASON AND WHOM) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CERTIFICATES OF INSURANCE REQUESTED FOR:</b>		
<input type="checkbox"/> OWNER OF PREMISES: Name Address  <input type="checkbox"/> Certificateholder Only <input type="checkbox"/> Additional Insured  <input type="checkbox"/> OTHER – Describe Interest: Name and Address  <input type="checkbox"/> Certificate holder Only <input type="checkbox"/> Additional Insured, If Eligible		
HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS ? (IF YES, DESCRIBE, INVOLVING PAYMENTS AND RESERVES) <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN LAST THREE YEARS ? (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF PRESENT INSURANCE COMPANY		
<p><b>FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.</p> <p style="text-align: center;"><b>WARRANTY</b></p> <p><b>I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued. I/We hereby make application to Allen Financial Insurance Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable.</b></p>		
BY <b>X</b>		DATE
TITLE		

SUBMIT APPLICATIONS TO:

*AmRisk Insurance Services / Allen Financial Insurance Group*

13880 N Northsight Blvd Suite C109 Scottsdale, AZ 85260 [WWW.EQGROU.P.COM](http://WWW.EQGROU.P.COM)

800-874-9191 / 602-992-1570 FAX 602-992-8327 [ballen@amriskusa.com](mailto:ballen@amriskusa.com)

