



**Blue Bridle™**

**BLUE BRIDLE INSURANCE AGENCY, INC**

P. O. BOX 27, PITTSTOWN, NJ 08867

(800) 526-1711 (908) 735-6362

Fax (908) 735-2254

**RIDING CLUB  
LIABILITY INSURANCE  
APPLICATION**

*For non-profit, incorporated equine organizations.*

NEW BUSINESS – DESIRED EFFECTIVE DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

RENEWAL BUSINESS – POLICY NUMBER and EXPIRATION DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

LIMITS DESIRED

\$500,000 Occurrence / \$1,000,000 Aggregate

\$1,000,000 Occurrence / \$2,000,000 Aggregate

\$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED

Optional Limits:  Quote \$10,000 Medical Payments  Quote \$100,000 Fire Legal Liability

NAME OF ORGANIZATION

E-MAIL ADDRESS

WEB SITE ADDRESS

NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED

TELEPHONE NUMBER

( )

LOCATION IF OTHER THAN ABOVE ADDRESS

DOES CLUB OWN ANY PREMISES? IF YES, GIVE DESCRIPTION BELOW.

Yes  No

DOES YOUR CLUB RENT ANY PREMISES ON A LONG-TERM LEASE? IF YES, GIVE DESCRIPTION BELOW.

Yes  No

GIVE BRIEF DESCRIPTION OF ALL CLUB FUNCTIONS. **ATTACH A COPY OF YOUR EVENT/SHOW FLYER OR PROGRAM.** (You may use last year's if events are the same.) **Any events or activities not described/disclosed are not covered.**

STATE WHERE CLUB IS INCORPORATED/REGISTERED

IS THE CLUB RESPONSIBLE FOR THE MAINTENANCE OF ANY TRAILS?

Yes  No

NUMBER OF MILES

IF YES, LAND OWNED BY WHOM (Attach separate sheet, if needed.)

USED BY NON-MEMBERS

Yes  No

**WHAT IS THE MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (INCLUDING INDIVIDUALS IN FAMILY MEMBERSHIPS)?**

Total Under Age 18:

Total Age 18 and Over:

ARE DOGS PERMITTED AT ANY EVENTS? IF YES, EXPLAIN YOUR CLUB'S RULES.

Yes  No

IS ALCOHOL PERMITTED, SERVED OR SOLD AT ANY CLUB FUNCTIONS? IF YES, EXPLAIN.

Yes  No

DO YOU HIRE / USE A CATERER? IF YES, PROVIDE COPIES OF THE CERTIFICATE(S) OF INSURANCE..

Yes  No

DOES THE CLUB SELL FOOD OR BEVERAGES?

Yes  No IF YES, ADVISE GROSS RECEIPTS \$\_\_\_\_\_

DO YOU OBTAIN A RELEASE FROM PARTICIPANTS AT YOUR EVENTS SIGNED BY A PARENT OR GUARDIAN?

Yes  No IF YES, **ATTACH A COPY.**

ARE "WARNING" SIGNS POSTED AT YOUR EQUINE EVENTS AND IN COMPLIANCE WITH STATE LAWS (WHERE APPLICABLE)?

YES  NO

IS THERE AN AMBULANCE OR EMERGENCY MEDICAL TECHNICIAN ON THE PREMISES FOR SHOWS / EVENTS? IF NO, EXPLAIN.

Yes  No

NAME OF PRESENT INSURANCE COMPANY

CURRENT POLICY LIMITS

PRESENT ANNUAL PREMIUM

\$300,000  \$500,000  \$1,000,000

\$

HAVE YOU HAD ANY CLAIMS IN THE PAST FIVE YEARS? IF YES, DESCRIBE, INCLUDING DATES, CAUSE OF LOSS AND AMOUNT PAID.

Yes  No

HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN THE PAST THREE YEARS? IF YES, PLEASE EXPLAIN.

Yes  No

**NOTE: THE POLICY WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE FOR PARTICIPANTS IN HUNTS, RODEOS, RODEO TYPE EVENTS, RACING, VAULTING, POLO MATCHES AND/OR PRACTICES.**

**SUMMARY OF EQUESTRIAN ACTIVITIES**

*(Describe each event, such as a show, clinic, trail ride, hunt, gymkhana, parade, exhibition.)*

**NOTE:** If dates have not been set, written notice of the event must be in our hands prior to the event date. Coverage is not provided for dates that have not been declared/disclosed in advance of an event. A public event day is any club activity in which non-members or spectators attend or participate.

List below all public event days.

1. EVENT DATE(S) \_\_\_\_\_ DESCRIPTION OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

AVERAGE NO. OF PARTICIPANTS PER DAY \_\_\_\_\_ AVERAGE NO. OF SPECTATORS PER DAY \_\_\_\_\_

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises \_\_\_\_\_ Additional Insured?  Yes  No

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

Sanctioning Organization \_\_\_\_\_ Additional Insured?  Yes  No

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

2. EVENT DATE(S) \_\_\_\_\_ DESCRIPTION OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

AVERAGE NO. OF PARTICIPANTS PER DAY \_\_\_\_\_ AVERAGE NO. OF SPECTATORS PER DAY \_\_\_\_\_

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises \_\_\_\_\_ Additional Insured?  Yes  No

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

Sanctioning Organization \_\_\_\_\_ Additional Insured?  Yes  No

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

3. EVENT DATE(S) \_\_\_\_\_ DESCRIPTION OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

AVERAGE NO. OF PARTICIPANTS PER DAY \_\_\_\_\_ AVERAGE NO. OF SPECTATORS PER DAY \_\_\_\_\_

CERTIFICATES OF INSURANCE REQUESTED FOR

Owner of Premises \_\_\_\_\_ Additional Insured ?  Yes  No

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

Sanctioning Organization \_\_\_\_\_ Additional Insured?  Yes  No

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

**STANDARD FRAUD WARNING – 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 may subject such person to criminal and substantial civil penalty.**

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. Note: Coverage shall not be bound until the Company approves the application and premium payment is received.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Agency Code \_\_\_\_\_ Date \_\_\_\_\_