



P. O. BOX 27, PITTSTOWN, NJ 08867
 (800) 526-1711 (908) 735-6362
 Fax (908) 735-2254

RIDING CLUB LIABILITY APPLICATION

THIS IS NOT A BINDER

NEW BUSINESS		RENEWAL BUSINESS: POLICY NUMBER: _____	
DESIRED EFFECTIVE DATE: _____		RENEWAL DATE: _____	
NAME OF ORGANIZATION		EMAIL ADDRESS	WEB SITE ADDRESS
NAME AND ADDRESS OF CONTACT PERSON:			TELEPHONE NUMBER ()
LOCATION:			
LIMITS OF LIABILITY: \$1,000,000 Occurrence / \$2,000,000 Aggregate NOTE: \$5,000 Medical Payments Coverage and \$100,000 Fire/Legal Liability are included Higher limits are available. Please call to discuss			
DOES CLUB OWN ANY PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE DESCRIPTION BELOW.		DOES YOUR CLUB RENT ANY PREMISES ON A LONG-TERM LEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE DESCRIPTION BELOW.	
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/declared are not covered.			
STATE WHERE CLUB IS INCORPORATED/REGISTERED		IS THE CLUB RESPONSIBLE FOR THE MAINTENANCE OF ANY TRAILS? <input type="checkbox"/> Yes <input type="checkbox"/> No NUMBER OF MILES: _____	
IF YES, LAND OWNED BY WHOM (Attach separate sheet, if needed.)		ARE TRAILS USED BY NON-MEMBERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS THE MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (INCLUDING INDIVIDUALS IN FAMILY MEMBERSHIP(S))			
TOTAL UNDER AGE 18: _____ TOTAL AGE 18 AND OVER: _____			
ARE DOGS PERMITTED AT ANY EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN YOUR CLUB'S RULES.			
DOES THE CLUB OWN ANY HORSES? _____ IF YES, HOW MANY: _____			
IS ALCOHOL PERMITTED, SERVED OR SOLD AT ANY CLUB FUNCTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN.			
DO YOU HIRE / USE A CATERER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE COPIES OF THE CERTIFICATE(S) OF INSURANCE..		DOES THE CLUB SELL FOOD OR BEVERAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ADVISE GROSS RECEIPTS \$_____	
DO YOU OBTAIN A RELEASE FROM PARTICIPANTS AT YOUR EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE "WARNING" SIGNS POSTED AT YOUR EQUINE EVENTS AND IN COMPLIANCE WITH STATE LAWS (WHERE APPLICABLE)?	
SIGNED BY A PARENT OR GUARDIAN IF A MINOR? <input type="checkbox"/> Yes <input type="checkbox"/> No (PLEASE SUBMIT A SAMPLE COPY OF YOUR RELEASE)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS THERE AN AMBULANCE OR EMERGENCY MEDICAL TECHNICIAN ON THE PREMISES FOR SHOWS / EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, EXPLAIN.			
NAME OF PRESENT INSURANCE COMPANY	CURRENT POLICY LIMITS <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		PRESENT ANNUAL PREMIUM \$
HAVE YOU HAD ANY LIABILITY CLAIMS IN THE PAST FIVE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, DESCRIBE, INCLUDING DATES, CAUSE OF LOSS AND AMOUNT PAID.			
HAVE YOU BEEN CANCELLED OR REFUSED COVERAGE IN THE PAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN.			

NOTE: THE POLICY WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE FOR PARTICIPANTS IN HUNTS, TRACK & MATCH RACING, RODEO EVENTS WITH ROUGH STOCK, VAULTING, POLO MATCHES AND/OR PRACTICES, WAGON OR CARRIAGE RACES AND JOUSTING.

SUMMARY OF EQUESTRIAN ACTIVITIES

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 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.

(Describe each event, such as shows, clinics, trail riding, hunts, gymkhanas, parades, exhibitions etc)

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 _____

CYBER/BREACH LIABILITY & EMPLOYMENT PRACTICES LIABILITY

Below are new endorsements that are available. If you would like more information about these endorsements, please call our office to discuss.

Breach Response & Cyber Liability: Cyber insurance can offer broad coverages to help protect your business from various technology-related risks. Breach Response insurance helps your business respond to breaches and can help cover the expenses incurred.

Employment Practices Liability: Employment Practices Liability can cover businesses against claims by workers that their legal rights as employees of the company have been violated. Such claims include wrongful termination, harassment, discrimination etc.

WORKERS COMPENSATION

Workers Compensation:

Do you have any farm/stable employees, working students, volunteers or independent contractors? _____. If yes, do you carry Workers Compensation/Employer Liability insurance? _____. Please note your insurance policy does not provide Workers Compensation Liability Insurance for employees, working students, volunteers or independent contractors that work for you. Keep in mind if you barter, offer housing, exchange services (such as lessons or free board) for work or pay cash, your worker may be considered an employee. You do not have to pay a person for them to be considered an employee. Bartering is a form of payment exchange. Workers Compensation Liability Insurance may be required by law in your State (required by law in New Jersey) if you have workers/employees. By signing below, you are confirming that you understand this may be a requirement in your State (is required in New Jersey) and do not hold Blue Bridle Insurance liable in the event of a claim.

FRAUD STATEMENT:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

In CO: 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.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

*****Disclaimer*****

Please be advised that this application represents liability coverage only and does not include any property such as tack, equipment and/or hay. Please call our office to discuss.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to be best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE	AGENT'S SIGNATURE X	DATE
-----------------------------------	------	-------------------------------	------

**IMPORTANT – APPLICATION MUST BE RETURNED
INSURED'S SIGNATURE IS REQUIRED**