

**RIDING CLUBS - HUNT CLUBS**

LIMITS DESIRED <input type="checkbox"/> \$500,000 CSL    or <input type="checkbox"/> \$1,000,000 CSL			
NAME OF ORGANIZATION			
NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORRESPONDENCE WILL BE MAILED			TELEPHONE NUMBER (    )
LOCATION IF OTHER THAN ABOVE ADDRESS			
DATES OF COVERAGE DESIRED			
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	
GIVE DESCRIPTION OF ALL PREMISES AND FUNCTIONS _____ _____			
LIST ALL STATES WITH MEMBERS OF NAMED ORGANIZATION		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	USED BY NON-MEMBERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (NOT FAMILY MEMBERSHIPS)</b>			
<b>A Public Event</b> is any club activity in which nonmembers are invited to participate. <b>Do not show</b> any activities which are limited to <b>Members only</b> in this section.			
# OF SHOW DAYS	DATES	# OF TRAIL RIDE DAYS	DATES
# OF CLINIC DAYS	DATES	# OF HUNT DAYS	DATES
# OF RODEO DAYS	DATES	# OF GYMKHANA DAYS	DATES
OTHER (POLO MATCHES, PARADES, ETC.) DESCRIBE			DATES
IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No			
WILL SPECTATORS EVER EXCEED 500 FOR ANY OF THE ABOVE DAYS (IF SO, WHICH EVENTS) <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS	
<b>NOTE: If dates have not been set, prior notice of the event must be in our hands before the event date. Coverage is not provided for dates that have not been declared in advance of event. Such events shall be calculated at a higher premium than those established at policy issuance.</b>			
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	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 CLAIMS IN THE PAST THREE YEARS (IF YES, DESCRIBE, INVOLVING PAYMENTS AND RESERVES) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____			
ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN INSURED (FOR WHAT REASON AND WHOM) <input type="checkbox"/> Yes <input type="checkbox"/> No			

**NOTE: HUNTS, HORSE RACING, RODEO TYPE EVENTS, VAULTING, AND POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE UNDER THE POLICY FOR PARTICIPANTS IN THOSE EVENTS.**

**Complete the following sections if non-members participate in club activities**

<b>SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES</b>								<input type="checkbox"/> CHECK IF NO EXPOSURE							
TOTAL NUMBER OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES AT PEAK SEASON				GROSS RECEIPTS FOR RENTALS \$			GROSS RECEIPTS FOR TRAIL RIDES \$								
ESTIMATED MAXIMUM NUMBER OF ANIMALS USED ON ANY ONE DAY FOR EACH MONTH					JANUARY	FEBRUARY	MARCH	APRIL							
MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
PONY RIDES - NUMBER OF PONIES					TYPE OF RIDE <input type="checkbox"/> Sweep <input type="checkbox"/> Ring <input type="checkbox"/> Carts					NUMBER OF CARTS					
OTHER RIDES (EXPLAIN)								GROSS RECEIPTS \$							
DO YOU HAVE TRAIL RIDES WITH RIDER USING OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No					HOW OFTEN			ARE ALL RIDING TRAILS ON YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No							
DO TRAILS CROSS OR RUN ALONG ROADS OR HIGHWAYS - DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No															
DO YOU USE GUIDES OR SAFETY PATROL FOR ALL RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No						DO YOU SECURE A SIGNED RELEASE FROM ALL RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No									
ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR <input type="checkbox"/> Yes <input type="checkbox"/> No						MINIMUM AGE OF RIDERS									
DO YOU RENT OR LEASE HORSES/PONIES TO CAMPS/RESORTS OR INDIVIDUALS <input type="checkbox"/> Yes <input type="checkbox"/> No								HOW MANY RENTED							
RENTED TO WHOM				RENTAL TERM				GROSS RECEIPTS \$							
<b>EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS</b>								<input type="checkbox"/> CHECK IF NO EXPOSURE							
MAXIMUM NUMBER OF HORSES AVAILABLE FOR INSTRUCTION AT PEAK (DO NOT INCLUDE STUDENTS ON THEIR OWN HORSES)															
GROSS RECEIPTS \$					ANY STALLIONS USED <input type="checkbox"/> Yes <input type="checkbox"/> No										
DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No					HOW MANY PER YEAR			GROSS RECEIPTS \$							
DO YOU HAVE QUALIFIED INSTRUCTORS <input type="checkbox"/> Yes <input type="checkbox"/> No					ARE ALL CERTIFIED BY RIDING INSTITUTE <input type="checkbox"/> Yes <input type="checkbox"/> No										
IS THERE ANY PERIOD OF TIME WHEN YOU DO NOT GIVE INSTRUCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No					GIVE DATES										
DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Western <input type="checkbox"/> Jumping <input type="checkbox"/> Vaulting <input type="checkbox"/> Polo <input type="checkbox"/> Other _____															
IS A RELEASE SIGNED BY ALL STUDENTS OR, IF A MINOR, BY THEIR PARENT OR GUARDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No					ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR <input type="checkbox"/> Yes <input type="checkbox"/> No										
DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No					IF YES, HOW MANY TIMES PER YEAR										
GROSS RECEIPTS (INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED) \$															
DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW MANY		AVERAGE ATTENDANCE			RECEIPTS \$						
<b>BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING</b>								<input type="checkbox"/> CHECK IF NO EXPOSURE							
TOTAL NUMBER STALLS			MAXIMUM NUMBER BOARDED		PASTURED-NOT INCLUDE. IN BOARD TOTAL			GROSS RECEIPTS \$							
DO YOU PROVIDE RIDING FACILITIES FOR YOUR BOARDERS — DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No															
DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES — EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No								RECEIPTS \$							
TRAINING (NOT RACE HORSES) MAXIMUM NUMBER TRAINED (YEARLY) <input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>HAY RIDES - SLEIGH RIDES</b>		<input type="checkbox"/> CHECK IF NO EXPOSURE
DO YOU HAVE HAY RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE SLEIGH RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE OTHER RIDES <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HUNT CLUBS</b>		<input type="checkbox"/> CHECK IF NO EXPOSURE
IN ADDITION TO ANY EXPOSURES ABOVE, HOW MANY HOUNDS DOES THE HUNT OWN OR USE		
IF THE HUNT OWNS OR USES HORSES OTHER THAN THOSE OWNED BY PARTICIPANTS, HOW MANY ARE USED BY STAFF (HUNT MASTERS, WHIPS, ETC.)		
ARE ANY EVER RENTED OR LOANED TO RIDERS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY	
IF HORSES ARE RENTED OR LOANED TO OTHERS, IS A RELEASE TAKEN FOR ALL SUCH RIDERS OR FROM PARENTS OR GUARDIANS OF MINORS <input type="checkbox"/> Yes <input type="checkbox"/> No		
ANY OTHER OPERATIONS NOT DESCRIBED ABOVE — IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____		
<p><b>STANDARD FRAUD WARNING:</b> 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 penalties. (This wording does not apply in Oregon.)</p> <p><input type="checkbox"/> <b>FLORIDA:</b> 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.</p> <p><input type="checkbox"/> <b>NEW JERSEY:</b> Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.</p> <p><input type="checkbox"/> <b>VIRGINIA:</b> 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.</p> <p><b>The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.</b></p>		
<p><b>I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. 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.</b></p>		
BY <b>X</b>	DATE / /	
TITLE		

# Equine Clubs and Associations Application

**Exclusively Underwritten By**  
**AMERICAN EQUINE**  
**INSURANCE GROUP**



Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Policy and/or Renewal #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant's Ownership Structure:**      Individual       Corporation       Association       Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the applicant affiliated with or a region of any other club or association?      Yes       No   
 If yes, please provide name and affiliation description: \_\_\_\_\_

Do you own, lease, or permanently occupy a facility?      Yes       No   
 If yes, please submit the written guidelines for use of the facility and any rental agreements / user guides. Please also complete the Commercial General Liability Application for coverage consideration.

Is applicant currently insured?      Yes       No   
**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium: \$** \_\_\_\_\_

Pay Plan Desired?      Yes       No       **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years?      Yes       No   
 Has the applicant had coverage cancelled or refused in the past five years?      (Not applicable in Missouri.)      Yes       No

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

### Limits of Liability

<b>Each Occurrence Limit (Select one)</b>	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
<b>General Aggregate Limit</b>	\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
<b>Double Aggregate Limit desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000      \$2,000,000
<b>Triple Aggregate Limit desired</b>			
(Note: Only available with \$1,000,000 Occurrence Limit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A      \$3,000,000

### Optional Coverages – Subject to eligibility and underwriting approval.

**Products and Completed Operations desired**      Yes       No   
**Personal and Advertising Injury desired**      Yes       No

**Additional Insureds**

List Additional Insureds and describe their connection to your event and the name of your event/date: for example, land owners and/or owners of facilities leased. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship and Event Name/Date: \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Are dogs permitted at your events?** Yes  No   
 If yes, please explain your policy regarding dogs: \_\_\_\_\_  
 \_\_\_\_\_

**Is alcohol permitted at your events?** Yes  No   
 If yes, describe: \_\_\_\_\_  
 Is alcohol sold, served, or furnished at your events? Yes  No   
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**Note:** The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

## Summary of Equine Activities

Maximum number of total club members: \_\_\_\_\_ Maximum number of total club members at any one event: \_\_\_\_\_

Description of your organization and the benefits / activities you offer to members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any non-equestrian member-only activities your club engages in (i.e., unmounted meetings etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The annual club policy includes coverage for up to 7 *Public Event Days*. *Public Event Days* are defined as those events or activities to which non-club members and/or the general public is invited or reasonably expected to be present. Standard rating includes one day of setup and one day for takedown per event.

Please indicate all *Public Event Days*. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or provide last year's flyer. Please outline all show/event activities for coverage consideration. Attach extra pages as necessary.

If you board horses, provide or allow riding instruction, or give non-club members permissive use of your facility, please also complete the *Commercial General Liability Application* for coverage consideration. If there are any Pony Rides, the *Pony Rides Supplemental Application* must also be completed. If there are any Horse Drawn Vehicle Rides, the *Horse Drawn Vehicle Rides Supplemental Application* must also be completed. If there are any Day Camp Activities, the *Equestrian Day Camp Supplemental Application* must also be completed.

**Note:** If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for event dates that have not been declared to the Company in advance of the event. Remember, any events or activities not described/disclosed are not covered.

**Fundraising, Community Service, or Promotional Activities**

Does your organization conduct any fundraising, community service, promotional, or similar activities?

Yes  No

*If yes, please complete the following.*

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

**Awards Banquets**

Does your organization host any awards banquets, dinners, or similar events?

Yes  No

*If yes, please complete the following.*

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

Date: \_\_\_\_\_ Description of event: \_\_\_\_\_

Location of event: \_\_\_\_\_ Number of attendees: \_\_\_\_\_

**Show / Event Days**

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_

Description of event activities: \_\_\_\_\_

Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
 Sanctioning Organization(s): \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Average number of participants per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event day: \_\_\_\_\_  
 Maximum number of participants: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

**Regulatory Fraud Warnings**

*In Arkansas, Louisiana, and New Mexico*

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 INCLUDING CONFINEMENT IN PRISON.

*In Colorado, District of Columbia, Maine, Tennessee, and Virginia*

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, 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 Florida and Oklahoma*

WARNING: 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.

*In Kentucky, New York, and Pennsylvania*

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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

*In New Jersey*

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

*In Ohio*

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.

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE / PONY RIDE / WAGON RIDE ACTIVITIES.**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. 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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

*(Must be signed and dated)*

Applicant's Signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Date: \_\_\_\_\_