

Sample Here



# AMERICAN BANKERS INSURANCE GROUP

11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

## RIDING CLUBS - HUNT CLUBS

LIMITS DESIRED		
<input type="checkbox"/> \$300,000 CSL	or	<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
*WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBERS EACH YEAR (NOT FAMILY MEMBERSHIPS)		

**A Public Event is any club activity in which non-members are invited to participate. Do not show any activities which are limited to Members only 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

**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.**

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 YOUR 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		
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.

SADDLE ANIMALS FOR HIRE - HOURLY OR DAILY RENTALS - TRAIL RIDES - LEASING - PONY RIDES								<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		FEBRUARY		MARCH		APRIL	
				JANUARY							
MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER	
PONY RIDES - NUMBER OF PONIES				TYPE OF RIDE				NUMBER OF CARTS			
				<input type="checkbox"/> Sweep <input type="checkbox"/> Ring <input type="checkbox"/> Carts							
OTHER RIDES (EXPLAIN)								GROSS RECEIPTS			
								\$			
DO YOU HAVE TRAIL RIDES WITH RIDER USING OWN HORSES				HOW OFTEN				ARE ALL RIDING TRAILS ON YOUR OWN PREMISES			
<input type="checkbox"/> Yes <input type="checkbox"/> No								<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						DO YOU SECURE A SIGNED RELEASE FROM ALL RIDERS					
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR						MINIMUM AGE OF RIDERS					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
DO YOU RENT OR LEASE HORSES/PONIES TO CAMPS/RESORTS OR INDIVIDUALS								HOW MANY RENTED			
<input type="checkbox"/> Yes <input type="checkbox"/> No											
RENTED TO WHOM				RENTAL TERM				GROSS RECEIPTS			
								\$			
EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS								<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						HOW MANY PER YEAR				GROSS RECEIPTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No										\$	
DO YOU HAVE QUALIFIED INSTRUCTORS						ARE ALL CERTIFIED BY RIDING INSTITUTE					
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No					
IS THERE ANY PERIOD OF TIME WHEN YOU DO NOT GIVE INSTRUCTIONS						GIVE DATES					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
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						ARE ALL RIDERS REQUIRED TO WEAR SAFETY HEAD GEAR					
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No					
DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS						IF YES, HOW MANY TIMES PER YEAR					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
GROSS RECEIPTS (INJURIES TO HORSES AND STUDENTS BEING TRANSPORTED ARE NOT COVERED)											
\$											
DO YOU HOLD CLINICS FOR NON-STUDENTS				HOW MANY		AVERAGE ATTENDANCE		RECEIPTS			
<input type="checkbox"/> Yes <input type="checkbox"/> No								\$			
BOARDING (STALL RENTALS/PADDOCKS) - PASTURING - TRAINING								<input type="checkbox"/> CHECK IF NO EXPOSURE			
TOTAL NUMBER STALLS			MAXIMUM NUMBER BOARDED			PASTURED-NOT INCL. 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								RECEIPTS			
<input type="checkbox"/> Yes <input type="checkbox"/> No								\$			
TRAINING (NOT RACE HORSES) MAXIMUM NUMBER TRAINED (YEARLY)						OWNED		NONOWNED			
IS OWNER OF HORSE GIVEN INSTRUCTION				GROSS RECEIPTS - TRAINING				GROSS RECEIPTS - INSTRUCTION			
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$				\$			

DO YOU OBTAIN RELEASES RELIEVING YOU FROM CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE FROM BOARDERS/STUDENTS  
 Yes  No

DO YOU ATTEND OFF-PREMISES SHOWS WITH HORSES IN TRAINING (INJURY TO HORSES BEING TRANSPORTED NOT COVERED)  
 Yes  No

HOW OFTEN \_\_\_\_\_ DOES OWNER ATTEND  Yes  No GROSS RECEIPTS \$ \_\_\_\_\_

**HAY RIDES - SLEIGH RIDES**  CHECK IF NO EXPOSURE

DO YOU HAVE HAY RIDES  Yes  No DO YOU HAVE SLEIGH RIDES  Yes  No DO YOU HAVE OTHER RIDES  Yes  No

**HUNT CLUBS**  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  Yes  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  
 Yes  No

ANY OTHER OPERATIONS NOT DESCRIBED ABOVE - IF YES, PLEASE DESCRIBE FULLY, INCLUDING RECEIPTS  
 Yes  No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

BY **X** \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_