

CSHA Affiliated Club Application

Peterson, McAnally & Tabor
Insurance Agency, Inc.
License No. 0708969, Phone # (800) 422-6210



Producer: PMT Insurance Number: 27.5
Policy and/or Renewal #: _____
Expiration Date: _____
Desired Effective Date: _____

CSHA Club/Associations Renewal

Policy Expiration Date: _____

Please return the below by _____ in order to avoid any lapse in coverage.

- Fully Completed Club/Associations Application (including this page)
- Current Club Roster
- Copy of your Club By-laws

I/We acknowledge the importance of the correctness of the information provided. I/We understand that any omitted information may effect coverage. I/We understand additional coverages are available to the Club and its members, PMT Insurance may provide information directly to members of this organization.

Signature: _____ Date: _____

Print Name: _____ Title: _____

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Producer: PMT Insurance Number: 27.5
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Applicant: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____
 Website: _____ E-Mail: _____

Applicant is a(n): Individual Corporation Club/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: _____

Does applicant own, lease, or permanently occupy a facility? Yes No
 If yes please submit all written guidelines for use of the facility and any rental agreements/user guides.

Is the applicant currently insured? Yes No
 Most recent or present insurance company: _____ Annual Premium: \$ _____

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

| | |
|---|-------------|
| Each Occurrence Limit | \$1,000,000 |
| General Aggregate Limit | \$1,000,000 |
| Fire Damage Limit (Any one Fire) | \$50,000 |
| Medical Payments (Any one Person) | \$5,000 |
| Triple Aggregate Limit | \$3,000,000 |
| Products and Completed Operations & Personal and Advertising injury included. | |

Additional Insureds

List Additional Insureds and describe their connection to the club and which event they are connected to:
 If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".

| Name: | Address: | Relationship and Event 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: _____

Summary of Activities

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.

Maximum number of club members: _____ Maximum number of 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.): _____

Do you board horses, provide or allow riding instruction, or give non-club members permissive use of your facility? Yes No
 If yes, please complete the Commercial General Liability Application.

Do you allow or provide Pony Rides at any events? Yes No
 If yes, please complete the Pony Rides Supplemental Application.

Do you allow or provide any Horse Drawn Vehicle Rides? Yes No
 If yes, please complete the Horse Drawn Vehicle Supplemental Application.

Are there any Day Camp Activities ? Yes No
 If yes, please complete the Equestrian Day Camp Supplemental Application.

All Supplemental Applications can be found on our website: www.pmtins.com or you can contact our office.

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.

Type of activity: _____ Date: _____ Location of activity: _____

Description of activities: _____

Type of activity: _____ Date: _____ Location of activity: _____

Description of activities: _____

Award Banquets

Does your organization host any awards banquets, dinners, or similar events? Yes No
 If yes, please complete the following.

Type of activity: _____ Date: _____ Location of activity: _____

Description of activities: _____

Type of activity: _____ Date: _____ Location of activity: _____

Description of activities: _____

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.

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.**

Standard rating includes one day of setup and one day for takedown per event. Attach extra pages as necessary.

Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

Spectators: Average Number per day: _____ Maximum Number: _____

Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

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Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

Spectators: Average Number per day: _____ Maximum Number: _____

Public Events Continued...

Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

Spectators: Average Number per day: _____ Maximum Number: _____

Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

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Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

Spectators: Average Number per day: _____ Maximum Number: _____

Event: _____ Event Date(s): _____ Sanctioning Organization(s): _____

Location of event: _____

Description of Event Activities: _____

Participants: Average Number per day: _____ Maximum Number: _____

Spectators: Average Number per day: _____ Maximum Number: _____

Are there any other activities that the applicant participates in, promotes or sponsors that is not described above? Yes No

If yes, please describe: _____

Regulatory Fraud Warnings

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony. 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: _____