

# Riding Clubs and Associations Application

## MCNAMARA COMPANY

1330 Hwy 96 ~ St. Paul, MN 55110  
Phone 651-426-0607 FAX 651-426-5790

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

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*Please give Location if different from above.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past and/or present Insurance Company: \_\_\_\_\_ Last Year's Premium: \$ \_\_\_\_\_

Does Organization:  Own  Lease

Pay Plan Desired?  Yes  No  Two-Pay  Three-Pay  Four-Pay

### Equestrian Commercial General Liability

<b>Each Occurrence Limit</b>	<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
<b>Products and Completed Operations</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Double Aggregate</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*List Additional Insureds with relationship descriptions. For example: land owners and/or owners of facilities leased, sponsors of events, etc.  
If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to your Club: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Definitions and Instructions

- **COMMERCIAL GENERAL LIABILITY:** Coverage for Commercial Equine Activities, which are both declared on the application and approved by AEIG.
- **PRODUCTS AND COMPLETED OPERATIONS:** Coverage for instances when a product your club is responsible for causes bodily injury or property damage. For example, this coverage would protect your club if you were serving refreshments at a public event day and a third party became ill from them.
- **DOUBLE AGGREGATE:** Doubles the amount of coverage that is available during the policy period, but does not increase the occurrence limit.

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. Standard rating includes one day of set-up and one day for take down per event.

**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 show dates that have not been declared to the company in advance of the event.*

Has the applicant had any liability claims or reported incidents in the past three years? Yes  No

Has coverage been denied and/or cancelled in the last three years: Yes  No

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

What is the maximum number of club members: \_\_\_\_\_ Maximum number of club members at any one event: \_\_\_\_\_

Please outline **all** show/event activities for coverage consideration.

**Please attach a brief description of shows/events on a separate sheet or enclose a show/event bill or flyer.**

You may use last year's flyer if the events are the same.

**Any events or activities not described/disclosed are not covered.**

## Summary of Equestrian Activities

Indicate below all *Public Event Days*. Do not list below activities which are limited to members only except parades. 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 last year's flyer. Use extra pages as necessary.

If there are any Pony Rides or Horse Drawn Vehicle Rides, the **Pony Ride / Horse Drawn Vehicle Rides Supplemental Form** must also be completed. If there are any Day Camp Activities, the **Equestrian Day Camp Supplemental Form** 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 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.**

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

Location of event: \_\_\_\_\_

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

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

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

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

Location of event: \_\_\_\_\_

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

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

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

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

Location of event: \_\_\_\_\_

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

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

Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_

Sanctioning Organization(s): \_\_\_\_\_

Please describe any non-equestrian activities your club engages in (i.e., unmounted meetings, awards dinners, fund raisers, etc.): \_\_\_\_\_

Is alcohol permitted, served, or sold at any events? Yes  No

If yes, please explain: \_\_\_\_\_

Are dogs permitted at any events? Yes  No

If yes, please explain your club's policy regarding dogs: \_\_\_\_\_

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

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. No coverage provided for Race Horses and/or Horses in Race Training.

(Must be signed and dated)

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

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