

## LIABILITY APPLICATION FOR RENEWAL – RIDING CLUBS

*(USE SEPARATE APPLICATION IF CLUB OWNS PROPERTY, PROVIDES INSTRUCTION, BOARDS OR IF A HUNT CLUB)*

NAME OF ORGANIZATION		TO THE ATTENTION OF	
ADDRESS			
PHONE NUMBER	AGENCY	CODE NUMBER	
POLICY NUMBER	EXPIRATION DATE / /	CURRENT LIMITS \$	

Please renew policy based on the following information: Maximum number of individual club members each year: \_\_\_\_\_

**PUBLIC EVENT DAYS:**

Releases Obtained?  Yes  No

NO. OF SHOW DAYS	DATES		
<input type="checkbox"/> USDF Recognized <input type="checkbox"/> AHSA Recognized – Competition #			
SHOW DATES WHEN NUMBER OF SPECTATORS MAY EXCEED 500			
NO. OF CLINICS	DATES		
NO. OF PARADES	DATES	NO. OF HORSES IN EACH PARADE	
NO. OF TRAIL RIDES	DATES		
NO. OF RODEO DAYS	DATES		
NO. OF POLO MATCHES	DATES		
NO. OF OTHER EVENTS	DATES		
DESCRIBE OTHER EVENTS			

Is liquor permitted or served at any functions?  Yes  No If so, explain \_\_\_\_\_

Are you required to name property owner(s) as Additional Insureds? If so, provide **complete** name and address: \_\_\_\_\_

Insured location: \_\_\_\_\_

Are you required to name anyone else as Additional Insured? If so, describe their interest and provide name and address: \_\_\_\_\_

Are there other parties who require proof of insurance as Certificate Holders only? If so, provide name and address: \_\_\_\_\_

**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED**

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.

AUTHORIZED SIGNATURE OF THE INSURED <b>X</b>	TITLE	DATE / /
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**APPLICANT'S SIGNATURE IS NEEDED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**