

# CSHA Affiliated Club Application

HUB INTERNATIONAL  
Insurance Brokers & Consultants  
License No. 0757776, Phone # (800) 422-6210



Producer: J. W. D'Agostino 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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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:
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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](http://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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_