

 <p>GLOBAL INSURANCE ALLIANCE, INC.</p>	Agent Name, Address and Telephone Number: GLOBAL INSURANCE ALLIANCE INC. WP 13633 N. Catclaw Ct. Fountain Hills, AZ 85268 480-816-5665 (Fax) 480-837-5641 www.globalinsaz.com
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Riding Clubs and Associations Liability Application

Insured Name and Address _____ _____ _____ _____ Phone Number (Day): _____ (Evening): _____ Fax #: _____ E-mail: _____	Policy Number: _____ Agent Name: _____ Agent Number: _____ Agent Phone #: _____ Agent Fax #: _____ Agent E-mail: _____ Policy Period: From _____ to _____ Payment Plan: <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill
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1. Please give Location if different from above: _____

2. Does Organization: Own Lease Rent
3. What is the maximum number of Club Members? _____

Annual policy includes coverage for up to 5 Public Event Days. A Public Event Day is defined as a planned and publicized club activity where members of the general public are invited to attend as spectators, participants, or as both spectators and participants (i.e. - Parades).

Note: Standard rating includes one day of set-up and one day of takedown per Event.

<i>Indicate below all Event/Show Days</i>					
Name of Event	Number of Days	Start Date	Ending Date	# of Participants	# of Spectators
Show Days:					
Clinic Days:					
Hunt Days:					
Rodeo Days:					
Gymkhana Days:					
Parade Days:					
Other (Specify):					

1. Do you obtain signed releases from all participants for all equine events if they are not club members? Yes No
(If yes, please supply a copy)
2. Do you have an EMT present at all shows & clinics? Yes No
If 'yes', do you obtain proof of insurance or a certificate of insurance from the EMT? Yes No

Prior 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 Show.

ADDITIONAL INSUREDS

Please list all individuals or organizations that you are requesting to be added as Additional Insured(s). Individuals or organizations must have financial control over the applicant for consideration in adding as an Additional Insured.

Additional Insured Name: _____	Relationship: _____
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PREVIOUS INFORMATION

1. Past and/or present Insurance Company: _____
Coverage Period: _____
2. HAVE YOU HAD ANY CLAIMS IN THE PAST 3 YEARS? Yes No
Explain all claims and reported incidents for the past 3 years. Give dates, cause of loss and amount paid:

3. Have you had coverage cancelled or refused in the past 3 years? Yes No
If 'Yes', please explain: _____

COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS/TACK LIMITS:

Coverage E: Tack Coverage
 Coverage H: Bodily Injury and Property Damage Liability
 Coverage I: Personal Injury and Advertising Injury Liability

Occurrence/Aggregate Limit (Check One Limit for Coverage H & I)	Tack Coverage (Coverage E) (Check Limit Desired)	Declination of Coverage I Check appropriate space below if you wish to decline all of Coverage I or just Advertising Injury Liability Coverage.
<input type="checkbox"/> \$300,000/\$600,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> I Decline Personal & Advertising Injury Liability Coverage.
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> I Decline Advertising Injury Liability Coverage only.
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> I Decline Tack Coverage	
Liability Limits include \$5,000 Medical Payments Coverage and \$100,000 Fire Legal Liability Coverage. Higher Limits for Medical Payment Coverage Are Available Upon Request. Higher Limits for Tack Coverage is Available. Complete Tack Coverage Supplemental Schedule. No Coverage will be provided for Horse Races. All Applications Must Be Signed And Dated.		

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED THAT ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Signature of Applicant

Date

TACK COVERAGE (Equestrian Equipment Only) - \$5,000 coverage with higher limits available.

List Schedule of Tack

Item	# of Items	Item Price	Total Value
Saddles		\$	\$
Bits, Bridles, Reins		\$	\$
Blankets, Hoods		\$	\$
Sheets, Coolers		\$	\$
Grooming Equipment		\$	\$
Buggies		\$	\$

List Any Other Tack Items Below

Item	# of Items	Item Price	Total Value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

PLEASE ANSWER THE FOLLOWING – A FIRE PROTECTION CREDIT TO YOUR PREMIUM CHARGE MAY APPLY:

1. How many miles is it to the nearest Fire Department from where the above Tack is primarily stored? _____
2. How many feet to nearest hydrant/water pump from where the above Tack is primarily stored? _____

Agent's Use Only

I have / have not) inspected the premises.

I found the horsemanship to be: excellent, good, fair, poor.

Agent's Signature: _____ Date: _____

FRAUD NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.