

Cheval Insurance Services

License # OC94257
PO Box 2933 Fullerton, CA 92837
(714) 447-9191 FAX (714) 525-9191

RIDING CLUBS AND ASSOCIATIONS INDEPENDENT HORSE SHOW COVERAGE

Policy Number: _____

Name of Organization: _____

Mailing Address: _____

Desired Effective Date: _____

Name and title of person to whom all correspondence will be sent: _____

Phone Number _____ Fax Number _____

Please give Location address if different than above:

Does Organization Own or Lease Premises? _____

Past or Present Insurance Company	Last Premium	Exp. Date
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EQUESTRIAN COMMERCIAL GENERAL LIABILITY

Bodily Injury/Property Damage Per Occurrence Limit	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Fire Legal Liability Limit (Any One Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any One Person)	\$5,000	\$5,000	\$5,000

Products/Completed Operations Yes No *Standard Policy includes 1 day of set up and 1 day of take down per event.*

Double aggregate desired Yes No

List Additional Insureds with relationship descriptions. for example: land owners and/or owners of facilities being leased or rented, sponsors of events, sanctioning organizations, etc. If you are uncertain of the exact name or address at time of application, please enter TBD for "To Be Determined".

Name	Mailing Address	Relationship

Definitions and Instructions

- COMMERCIAL GENERAL LIABILITY: Coverage for Commercial Equine Activities declared and approved on the application.
- 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 becomes 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 are invited. Standard rating includes one day of setup and one day of takedown per event..

NOTE: If dates have not been set or if they are changed, WRITTEN NOTICE of each 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.

Have you ever been cancelled or refused coverage in the last three years? _____

Describe any claim or loss your club has had in the least three years: _____

What is the maximum number of individual 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 attach a show/event premium or flyer.

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

Any events or activities not described and disclosed in advance are NOT COVERED.

Summary of Equestrian Activities

Public Event Date(s): _____ Type of Event: _____

Location of Event: _____

Complete Description of Event Activities: _____

Average No. of Competitors or Participants at each event: _____ Average no. of Spectators per Show/Event day: _____

Maximum No. of Competitors or Participants at each event: _____ Maximum no. of Spectators per Show/Event day: _____

Sanctioning Organization(s): _____

Public Event Date(s): _____ Type of Event: _____

Location of Event: _____

Complete Description of Event Activities: _____

Average No. of Competitors or Participants at each event: _____ Average no. of Spectators per Show/Event day: _____

Maximum No. of Competitors or Participants at each event: _____ Maximum no. of Spectators per Show/Event day: _____

Sanctioning Organization(s): _____

Public Event Date(s): _____ Type of Event: _____

Location of Event: _____

Complete Description of Event Activities: _____

Average No. of Competitors or Participants at each event: _____ Average no. of Spectators per Show/Event day: _____

Maximum No. of Competitors or Participants at each event: _____ Maximum no. of Spectators per Show/Event day: _____

Sanctioning Organization(s): _____

Please describe any non-equestrian events in which your organization engages (e.g., unmounted meetings, award 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)

DATED

SIGNED (Quote cannot be provided without signature)

TITLE