



# RIDING CLUBS & ASSOCIATIONS LIABILITY APPLICATION

NAME OF CLUB/ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MEMBER OF:  CEF  PROVINCIAL  NONE

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CLUB LEADER OR CONTACT: \_\_\_\_\_

LIMIT OF COVERAGE:  \$2,000,000.00

DO YOU REQUIRE PROPERTY COVERAGE?  YES  NO

IF YES, PLEASE ADVISE LIMIT REQUIRED? \$ \_\_\_\_\_

## OPERATION INFORMATION

NUMBER OF YEARS IN OPERATION: _____	NUMBER OF SUB-CLUBS/ASSOCIATIONS: _____
NUMBER OF MEMBERS: _____	GROSS YEARLY RECEIPTS: _____
NUMBER OF DIRECTORS: _____	CLUB IS: <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT

## ACTIVITIES

DO YOU SANCTION ANY HORSE SHOWS/ACTIVITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU RUN ANY HORSE SHOWS/ACTIVITIES? (INCLUDING CLINICS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HOW MANY SHOWS/ACTIVITIES PER YEAR? _____	AVERAGE # OF DAYS PER SHOW/ACTIVITY _____	
ESTIMATED NUMBER OF PARTICIPANTS PER ACTIVITY? _____	Please provide a schedule of all shows & and clinics.	
HOW MANY GENERAL MEETINGS OF THE CLUB/ASSOCIATION PER YEAR? _____		
HOW MANY DIRECTORS MEETINGS OF THE CLUB/ASSOCIATION PER YEAR? _____		

DESCRIBE ANY OTHER OPERATIONS: (fund raisers, banquets, trail rides, own or leasing of property)

DESCRIBE ANY CLAIMS OR LAW SUITS AGAINST THE CLUB IN THE LAST (5) FIVE YEARS:

DO YOU REQUIRE DIRECTORS & OFFICERS COVERAGE  YES  NO

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 issued certificate. Coverage is excluded for RACE HORSES and/or Horses in RACE TRAINING, PUBLIC TRAIL RIDES, WAGON RIDES, & SLEIGH RIDES.

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please print clearly

Signature: \_\_\_\_\_