## **Master of Foxhounds Association of North America**



## **HUNT CLUB APPLICATION**

If any YES answers to questions below use Comprehensive CGL Hunt Club Application
If NO exposure – check NO to the four questions and move to next section

SADDLE ANIMAL RENTAL - TRAIL RIDES - HORSE LEASING - PONY RIDES			☐ CHECK IF NO EXPOSURE			
EQUESTRIAN SCHOOLS - RIDING INSTRUCTION - CLINICS			☐ CHE	☐ CHECK IF NO EXPOSURE		
BOARDING - PASTURING - TRAINING OF OWNED OR NON-OWNED HORSES				ECK IF NO EXPOSURE		
HAY RIDES - SLEIGH RIDES CHECK IF NO EXPOSURE						
ANY OTHER OPERATIONS NOT DESCRIBED ABOVE — IF YES,	PLEASE DESCRIBE F	ULLY, INCLUDING RECEIPTS	∐Yes			
Primary Limits: \$1,	000,000 per c	occurrence / \$ 2,00	00,000 aggrega	ate		
Excess Coverage - Additional S1,000,000 S2,000,000 S3,000,000  Please complete Excess Liability Application						
NAME OF HUNT CLUB		ENTITY TYPE	DATE			
NAME AND ADDRESS OF INDIVIDUAL TO WHOM ALL CORREST	ONDENCE WILL BE	MAILED				
CITY	STATE	COUNTY		ZIP CODE		
EMAIL ADDRESS		TELEPHONE ( )	NUMBER	FAX ( )		
1.STARTING & ENDING DATE OF HUNT SEASON		2 TYPE OF ENTITY   INDIVIDUAL   LLC   NON-PROFIT   CORPORATION				
PHYSICAL ADDRESS OF HUNT CLUB IF DIFFERENT FROM ABO	VE					
3.DOES CLUB OWN ANY PREMISES?	3.DOES CLUB OWN ANY PREMISES?		4.DOES YOUR CLUB RENT ANY PREMISES ON A LONG TERM LEASE			
☐ Yes ☐ No		☐ Yes ☐ No				
IF OWNED OR LEASED IS WILL THIS POLICY COVER PREMISES	LIABILITY Yes	☐ No IF NO PLEASE PRO	OVIDE PREMISES LIABI	LITY COVERAGE BELOW		
5.GIVE DESCRIPTION OF ALL OWNED/ IEASED PREMISES AND	FUNCTIONS OF THE	SE PREMISES (Please attach s	eparate sheet if necessa	ry)-		
6.IS THE HUNT CLUB A MEMBER OF THE MFHA?  ☐ Yes ☐ No		8.IS THE CLUB RESPONSIE	BLE FOR THE MAINTEN	ANCE OF ANY TRAILS No		
8a. IF YES, NUMBER OF MILES 8b.IF	YES, LAND OWNED E	BY WHOM	8c.USED BY NON-ME	EMBERS-		
9. DOES CLUB CARRY ANY OTHER INSURACE? IF YES PLEASE Yes No	INDICATE TYPE OF (	COVERAGE AND INSURANCE	COMPANY.			
10. WHAT IS MAXIMUM NUMBER OF INDIVIDUAL CLUB MEMBE COUNT FAMILY MEMBERSHIPS AS ONE)	RS EACH YEAR (THIS	S INCLUDES SOCIAL AND HUN	NTING MEMBERS?			
<u>NOTE:</u> A Public Event is any Do not show any activ *if you do dates have not been set, written notice of the e	rities which are not know dates	limited to Members or of public events enter	nly in this section TBD			

# PUBLIC HUNT DAYS	DATES		# OF TRAIL RIDE DAYS	DATES			
# OF CLINIC DAYS	DATES		# OF HUNTER PACES	DATES			
# OF SHOW DAYS	DATES		# OF HUNTER TRIALS	DATES			
# OF PARADE DAYS	DATES		# OF OLD FASHIONS	DATES			
OTHER (POLO MATCHES, STEEPLECHASE RACES, PONY CLUB EVENTS, ETC.) DESCR			RIBE	DATES			
10a. HOW MANY HOUNDS DOES HUNT OWN IN TOTAL?			10b. HOW MANY HOUNDS ARE USED USE ON AN AVERAGE HUNT DAY?				
10c. WHERE ARE HOUNDS KENNELED?							
10d. KENNEL / STABLE PREMISES IS? Owned by Hunt Club Rented / Leased Other							
11a. DOES CLUB BREED DOGS ? Yes No		11c. WHO OWNS HOUNDS?  Hunt Club  MFH  Other					
12a       NUMBER OF HORSES OWNED BY THE HUNT?       □None         12c       NUMBER OF HORSES OWNED BY THE MASTER?       □None			12b NUMBER OF HORSES OWNED BY THE HUNTSMAN?				
12d GUESTS USE:   OWNED HORSES   CLUB OWNED HORSES   MEMBER OWNED HORSES							
13a. ARE RELEASES / WAIVERS TAKEN FOR ALL PARTICIPANTS OR FROM PARENTS OR GUARDIANS OF MINORS PARTICIPATING? (COPY OF WAIVER(S) MUST BE SUBMITTED WITH APPLICATION) Yes No DESCRIBE METHOD OF STORING/FILING THESE RELEASES/ WAIVERS							
13b. MAXIMUM NUMBER OF CAPPERS ON ANY HUNT?		13c. MAXIMUM NUMBER OF CAPPERS FOR HUNT SEASON?					
13c. MAXIMUM NUMBER OF CAPPERS ON ANY HUNT?		13d. AVERAGE FIELD SIZE PER HUNT					
14.DOES THE HUNT HAVE A METHOD FOR TRACKING INJURIES TO PARTICIPANTS? Yes No DESCRIBE-							
15.DOES THE HUNT HAVE A POLICY FOR SELECTING NEW MEMBERS?  Yes No DESCRIBE-							
16. IS LIQUOR PERMITTED OR SERVED AT ANY CLUB FUNCTIONS? Yes No (IF YES, DESCRIBE)							
17.WILL SPECTATORS EVER EXCEED 100 FOR ANY PUBLIC EVENT DAYS (IF SO, WHICH EVEN No			CH EVENTS)?	18.HOW MANY SPECTATORS EXPECTED FOR EACH OF THOSE DAYS?			
**Coverage is not provided for public events that have not been declared in advance of event**.							
19.HAVE YOU BEEN CANCELED OR REFUSED COVERAGE IN LAST THREE YEARS OR CURRENTLY WITHOUT COVERAGE? ☐Yes ☐No (IF YES, DESCRIBE)-							
NAME OF PRESENT INSUR	ANCE COMPANY	EXCESS POLICY? Yes LIMITS? \$1,000,000	No PREMIUM? \$2,000,000 ☐\$3,000,00	PRESENT ANNUAL PREMIUM 0 \$			
20.HAVE YOU HAD ANY CLAIMS IN THE PAST THREE YEARS (IF YES, DESCRIBE CLAIMS ON SEPARATE SHEET, INCLUDING PAYMENTS AND RESERVES)  Yes No							
21.ARE YOU REQUIRED TO NAME ANY OTHER PARTY AS AN "ADDITIONAL INSURED'(ATTACH SEPARATE SHEET LISTING ALL PARTIES REQUESTING CERTIFICATES)  Yes							

**FRAUD WARNING**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. **WARRANTY** 

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 part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. No coverage provided for Race Horses and/or Horses in Race Training. If information is withheld or falsely stated, any insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or the policy issued. I/We hereby make application to Allen Financial Insurance Group and it's Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

SIGNATURE (MUST BE OFFICER OR BOARD APPOINTED INSURANCE LIAISON)	DATE
	-/=
TITLE	•
· · · · · · · · · · · · · · · · · · ·	

NOTE: HUNTS, HORSE RACING, RODEO TYPE EVENTS, VAULTING, AND POLO ACTIVITIES WILL CARRY AN EXCLUSION WHICH ELIMINATES COVERAGE UNDER THE POLICY FOR PARTICIPANTS IN THOSE EVENTS.