



Western Specialty Insurers

**Western Specialty Insurers, LLC**  
An Affiliate of Creative Planning Risk Services  
888-866-3550 913-341-0901 (Fax)

## Club Coverage or Association Application

Name of Insured: \_\_\_\_\_  
Location/Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Do you own or rent any premises:    Yes    No    If yes, List all locations:  
Address: \_\_\_\_\_ Square Footage \_\_\_\_\_  
Address: \_\_\_\_\_ Square Footage \_\_\_\_\_  
Number of Club Members: \_\_\_\_\_

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**Completely describe all activities planned for the year – Attach separate sheet if needed:**

\_\_\_\_\_

Are animals boarded on premises? \_\_\_\_\_ On non event days are these premises open or closed to members? \_\_\_\_\_ Public? \_\_\_\_\_  
Is bleacher seating provided? \_\_\_\_\_ Capacity? \_\_\_\_\_ permanent or temporary?  
Is there any alcohol sold or served on premises? \_\_\_\_\_ If yes, please describe:

Are any of the following activities done?  
Riding Instruction? \_\_\_\_\_ Horses for hire? \_\_\_\_\_ Hay or Sleigh Rides? \_\_\_\_\_ Pony Rides? \_\_\_\_\_  
Breeding? \_\_\_\_\_ Racing? \_\_\_\_\_  
Years in Business? \_\_\_\_\_ Annual Receipts: \_\_\_\_\_  
Requested Effective Date of Coverage: \_\_\_\_\_ Current Insurance Company: \_\_\_\_\_  
**Limit of Liability Requested:**    \_\_\_\$500,000    \_\_\_\$1,000,000

**Higher limits are available upon request**

Has insured had any claims during the last 5 years?    \_\_\_ Yes    \_\_\_ No

If so, please provide details:

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**This application must be approved by insurance company prior to coverage being bound. This application must be signed and dated.**

Applicants Signature\_\_\_\_\_

Email Address:\_\_\_\_\_ Phone number\_\_\_\_\_

Date\_\_\_\_\_

**Return completed application to:**

***Western Specialty Insurors, LLC***  
***P. O. Box 310, Pleasant Hill, MO 64080-0310***  
***(888) 866-3550 Fax (913) 341-0901***  
***www.rodeoins.com***