



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: _____ If yes, List all locations:
Address: _____ Square Footage _____
Address: _____ Square
Footage _____
Number of Club Members: _____

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:

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***