

# USPC Optional Accident Insurance Application

Use when non-Pony Club Members will be participating in a USPC activity (shows, clinics, etc.)

Region \_\_\_\_\_

Pony Club: \_\_\_\_\_

DC: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## FOR OFFICE USE ONLY

Confirmation#: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

*Application is hereby made for insurance to be provided in accordance with the terms and conditions of the Master Policy issued by AIG (American International Group, Inc.), and on file with the United States Pony Clubs, Inc. as follows:*

## Accidental/ Medical Reimbursement Insurance

Covering each non-Pony Club participant while he or she is taking part in a Pony Club Horse Show or other specified Special Event sponsored and supervised by the Pony Club. **EXCLUSIONS:** Rodeo Events

**Medical Expense Limit:** \$25,000 each accident

**Accidental Death & Dismemberment:** \$5,000

	Event	Date(s)	Rate/ Day	Premium
1.	_____	_____	\$37.00	\$ _____
2.	_____	_____	\$37.00	\$ _____
3.	_____	_____	\$37.00	\$ _____
4.	_____	_____	\$37.00	\$ _____

**Enclose a check made payable to Specialty Program Insurers in the amount of the total** \$ \_\_\_\_\_

**Directions:** Complete two (2) copies of this application and mail with your check for the premium to Specialty Program Insurers at the address below. **Applications MUST be sent directly to Specialty Program Insurers and MUST be received prior to the commencement of the activity.** Please allow a minimum of five (5) days mailing time.

## Specialty Program Insurers (SPI)

PO Box 2946  
Shawnee Mission, KS 66201-1346

## ACKNOWLEDGEMENT

*We acknowledge receipt of the above Application and we have arranged for the insurance requested under the Master Policy issued for the United States Pony Clubs, Inc. The terms and conditions of the Policy shall control all coverage provided.*

Date: \_\_\_\_\_ Signed \_\_\_\_\_

USPC Insurance Plan Manager