

# Horse Drawn Vehicle Rides Supplemental Application

# Argonaut Insurance Company

Applicant: _____ Quote #: _____	Broker: _____ Number: _____ Requested Effective Date: _____
------------------------------------	--

**Only equine operations providing horse drawn vehicle rides as an incidental part of their overall equine operations will be considered for coverage. Horse Drawn Vehicle Rides given primarily on metropolitan roads are not eligible for coverage consideration.**

Do you operate your Horse Drawn Vehicle Ride operations under another name? Yes  No   
 If yes, please provide: \_\_\_\_\_

Years experience giving Horse Drawn Vehicle Rides: \_\_\_\_\_ Years at this location: \_\_\_\_\_

Maximum number of Horse Drawn Vehicle Rides given in one week: \_\_\_\_\_ Average Horse Drawn Vehicle Rides given per week: \_\_\_\_\_

Are Vehicles used at night? Yes  No

Please indicate if your Horse Drawn Vehicles have the following equipment:  
 Hydraulic Brakes    Lights    Reflectors    Slow Moving Emblems    Ladder    Mobile stairs    Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Are Safety Helmets mandatory? Yes  No   
 Other safety procedures (explain): \_\_\_\_\_

Are any of your Horse Drawn Vehicle Rides given on, or cross over, public roads? Yes  No   
 Are any of your Horse Drawn Vehicle Rides given on City and/or Metropolitan Roads? Yes  No   
 If yes, give details: \_\_\_\_\_

Do you offer Horse Drawn Vehicle Rides Off Premises? Yes  No   
 If yes, explain Off Premises Horse Drawn Vehicle Rides activities and describe the locations Horse Drawn Vehicle Rides are conducted at: \_\_\_\_\_

Do you ever drive in parades? Yes  No   
 Number of parades driven in annually: \_\_\_\_\_ Please provide parade names, dates, locations, and describe parade size: \_\_\_\_\_

Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc.: \_\_\_\_\_

Describe any promotional or advertising material you display on your vehicles in parades: \_\_\_\_\_

Type of Horse Drawn Ride	Description of Vehicle	Maximum Number of Vehicles In Use at Any Time	Maximum Number of Horses Per Vehicle	Maximum Number of Passengers Per Vehicle
Hay Rides				
Sleigh or Sled				
Buggy, Carriage or Surrey				
Other:				
Other:				

Do you offer other activities to Vehicle Ride participants? Yes  No   
 If yes, explain: \_\_\_\_\_

**REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.**

**Annual Gross Revenue from Horse Drawn Vehicle Rides:      \$ \_\_\_\_\_**

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

This space intentionally left blank

**GENERAL FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado**- It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**DECLARATION**

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

*I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company*

**This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.**

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required in NH)

License Number: \_\_\_\_\_