

Equine Commercial General Liability

Star H Equine Insurance
 P.O. Box 2250
 Advance, NC 27006
 Office: 336-940-5455
 Fax: 336-940-5475



Producer: _____ Number: _____
 Policy and/or Renewal #: _____
 Expiration Date: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Website: _____ E-mail: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease the facilities utilized by the applicant.

Is applicant currently insured? Yes No

Most recent or present insurance company: _____ **Annual premium: \$** _____

Pay Plan Desired? Yes No **Ask your broker for more information.**

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

If yes, attach a separate sheet and explain.

Limits of Liability

| | | | |
|---|------------------------------------|------------------------------------|--------------------------------------|
| Each Occurrence Limit (Select one) | \$300,000 <input type="checkbox"/> | \$500,000 <input type="checkbox"/> | \$1,000,000 <input type="checkbox"/> |
| General Aggregate Limit | \$300,000 | \$500,000 | \$1,000,000 |
| Fire Damage Limit (Any one Fire) | \$50,000 | \$50,000 | \$50,000 |
| Medical Payments (Any one Person) | \$5,000 | \$5,000 | \$5,000 |

Double Aggregate Limit desired Yes No \$600,000 \$1,000,000 \$2,000,000

Triple Aggregate Limit desired
 (Note: Only available with \$1,000,000 Occurrence Limit) Yes No N/A N/A \$3,000,000

Excess Coverage desired Yes No (Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)

Excess limits (Each Occurrence and General Aggregate) \$1m \$2m \$3m \$4m \$5m

Optional Coverages – Subject to eligibility and underwriting approval.

| | |
|--|--|
| Equine Personal Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/> Race Horse Owner's Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/> Equine Professional Liability desired Yes <input type="checkbox"/> No <input type="checkbox"/> | Products and Completed Operations desired Yes <input type="checkbox"/> No <input type="checkbox"/> Personal and Advertising Injury desired Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

Note: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: _____ Address: _____ Relationship: _____

- 1. _____
- 2. _____
- 3. _____

Summary of Equine Activities

Description of your operation: _____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

| | | |
|--|---|-----------------------------|
| 24-hour supervision of facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Emergency numbers posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Safety & Barn Rules posted and written out | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> |
| Current liability waivers utilized | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> |
| State Equine Activity signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fire Drills conducted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| No Smoking signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Smoke Alarms | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Smoking allowed in barns | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shoes with heels required for riders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Riding Helmets are Required:

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own: _____

Total number of horses you lease from others: _____

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Maximum number of horses used for **Riding Instruction / School Horses**: _____

Do you use any horses for driving, pulling, or work? Yes No

If yes, please explain: _____

Do you own Race Horses? Yes No If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) _____

Breeding Yes No Average Stud Fee charged: \$ _____

Total number of stallions standing stud (Live and A.I.) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____

Total number of stalls on premises: _____

Horse Sales Yes No

How many horses do you sell annually: _____ Owned by you: _____ Owned by others: _____ Total: _____

Average value of horses sold: _____ Owned by you: \$ _____ Owned by others: \$ _____

Training Yes No

Average number of horses in full training monthly, **including Independent Trainers' On Premises Training**: _____

Average number of training rides **weekly** on horses not in full training: _____

Independent Trainers Yes No (Must be 18 years or older)

1. _____ Years Exp. _____ 2. _____ Years Exp. _____

3. _____ Years Exp. _____ 4. _____ Years Exp. _____

Riding Instruction Yes No Anyone under 21 giving riding instruction: Yes No

Type of instruction: _____

Operation's Total Riding Instruction, both On and Off Premises, **including Independent Instructors' On Premises Instruction**.

Total lessons given annually: _____ Average number of **weekly** lessons given on Client's Own horse(s): _____

Average cost per lesson: \$ _____ Average number of **weekly** lessons given on School/Insured's horse(s): _____

Any Day Camp activities? Yes No (If yes, the Equestrian Day Camp Supplemental Application must be completed.)

Independent Instructors Yes No (Must be 18 years or older)

1. _____ Years Exp. _____ 2. _____ Years Exp. _____

3. _____ Years Exp. _____ 4. _____ Years Exp. _____

Officiating/Judging Yes No Total show days Judging / Officiating annually: _____

On Premises Riding Clinics Yes No Total Clinic Days: _____ No. of participants per day: _____

Clinic Dates: _____

Description of Clinic: _____

Off Premises Riding Clinics Yes No Total Clinic Days: _____ No. of participants per day: _____

Clinic Dates: _____

Description of Clinic: _____

Note: *If dates have not been set, Written Notice of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.*

Host Shows / Events Yes No *Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.*

Hosted Sanctioned Show Days per year: _____ Sanctioning Organization(s): _____

Event/Show date(s): _____

Description of event: _____ Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Hosted Non-Sanctioned Show Days per year: _____

Event/Show date(s): _____

Description of event: _____ Description of event activities: _____

Average number of participants per Show / Event: _____ Average number of spectators per Show / Event Day: _____

Maximum number of participants: _____ Maximum number of spectators: _____

Note: *If dates have not been set, Written Notice of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.*

Tack Store / Retail Sales Yes No (Tack manufacturing and repair not eligible.) Annual Gross Revenue from Sales: _____

If yes, please describe types of items sold and locations where items are sold: _____

Arena / Facility Rentals

Do you rent your facility to others?

Yes No

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony RidesYes No (If yes, the Pony Rides Supplemental Application must be completed.)**Horse Drawn Vehicle Rides**Yes No (If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)**Do you own dogs?**Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility or at any events you host?

Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.)

Yes No **Other animals on premises?**Yes No If yes, how many, what type, and for what purpose: _____**Hunting on premises?**Yes No If yes, by: Owners Others Do you charge a fee? Yes No

Please explain hunting activities: _____

Swimming pool on premises?Yes No

If yes, do you have a security fence around your pool?

Yes No

Is the pool for your personal use only?

Yes No

If no, please explain: _____

Is alcohol permitted on premises?Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished on premises?

Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired?

Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

| | Maximum Limit Per Horse | Aggregate Limit Per Year | Annual Base Premium | Per horse over 20 horses |
|------------------------------|-------------------------|--------------------------|---------------------|--------------------------|
| <input type="checkbox"/> 1) | \$5,000 | \$25,000 | \$300.00 | \$5.00 |
| <input type="checkbox"/> 2) | \$5,000 | \$50,000 | \$375.00 | \$8.00 |
| <input type="checkbox"/> 3) | \$10,000 | \$50,000 | \$400.00 | \$9.00 |
| <input type="checkbox"/> 4) | \$10,000 | \$100,000 | \$475.00 | \$10.00 |
| <input type="checkbox"/> 5) | \$15,000 | \$100,000 | \$500.00 | \$13.00 |
| <input type="checkbox"/> 6) | \$25,000 | \$100,000 | \$550.00 | \$15.00 |
| <input type="checkbox"/> 7) | \$25,000 | \$250,000 | \$600.00 | \$17.00 |
| <input type="checkbox"/> 8) | \$25,000 | \$300,000 | \$700.00 | \$18.00 |
| <input type="checkbox"/> 9) | \$50,000 | \$300,000 | \$1,100.00 | \$20.00 |
| <input type="checkbox"/> 10) | \$100,000 | \$300,000 | \$1,400.00 | \$25.00 |
| <input type="checkbox"/> 11) | \$100,000 | \$500,000 | Submit for Quote | |
| <input type="checkbox"/> 12) | \$250,000 | \$500,000 | Submit for Quote | |
| <input type="checkbox"/> 13) | \$500,000 | \$1,000,000 | Submit for Quote | |

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

| | | | |
|------------------------------------|-------------------------------|-----------------------------|-------------------------|
| Leasing out horses: \$ _____ | Breeding: \$ _____ | Boarding: \$ _____ | Horse Sales: \$ _____ |
| Training: \$ _____ | Riding Instruction: \$ _____ | Day Camps: \$ _____ | Officiating: \$ _____ |
| Riding Clinics: \$ _____ | Hosting Shows: \$ _____ | Tack/Retail Sales: \$ _____ | Arena Rentals: \$ _____ |
| Pony Rides: \$ _____ | Horse Vehicle Rides: \$ _____ | Other (): \$ _____ | (Explain below.) |
| Total Annual Gross Revenue: | | | \$ _____ |

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.
(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and 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 INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia
 WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma
 WARNING: 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.

In Kentucky, New York, and 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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey
 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In 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.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. 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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____

Equestrian Day Camp Supplemental Application

Applicant: _____
Quote #: _____

Producer: _____ Number: _____
Requested Effective Date: _____

Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration. All riding activities must utilize Safety Helmets to be eligible for coverage consideration. Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration. All riding activities must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.

Do you operate your Equestrian Day Camp operations under another name? Yes No
If yes, please provide: _____

Do you offer your Equestrian Day Camp operations in cooperation with other organizations? Yes No
If yes, please provide name of organization and explain: _____

How many years experience with Day Camps: _____ Average cost per camper per session: \$ _____

Number of sessions per year: _____ Length of each day's session: _____ Total Length of each Day Camp session: _____
Dates of Day Camp Sessions: _____

Note: If dates have not been set, Written Notice of the Day Camp must be received in our office prior to the Day Camp dates. Coverage is not provided for Day Camps that have not been declared to the Company in advance of the Day Camp.

Estimate number of Day Campers per session: _____ Minimum age of Campers: _____

Are all Day Campers regular students in your lesson program? Yes No
If no, please provide approximately how many are **NOT** in your lesson program and explain: _____

Give ratio of Counselors to Day Campers: _____ Minimum age of Counselors: _____
(Counselors must be at least 16 years old for coverage to be provided.)
How long have your Counselors worked for your operation? Average: _____ Minimum: _____ Maximum: _____

Are Liability Waivers signed by Parent/Legal Guardian? Yes No

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

Do you ever fasten (tie) children to any part of the saddle, pony, or horse? Yes No

Are all riding activities conducted in an enclosed area? Yes No
Type of enclosure: Round Pen Small Arena Small Paddock (Less than 1/2 acre) Other: _____

List all Equestrian Day Camp Activities: _____

List all Non-Equestrian Day Camp Activities: _____

Do you permit early drop off and/or late pick up of campers? Yes No
If yes, explain timing and activities available: _____

Do campers have access to trampolines, climbing apparatuses, or other equipment? Yes No
If yes, explain: _____

Do you have any Off Premises activities? Yes No
If yes, explain: _____

Do you offer overnight camps? Yes No
If yes, please attach a separate sheet and describe the housing accommodations which you provide or which the campers provide, describe the number of adults providing overnight supervision and their relationship, describe all overnight activities offered, and describe any activities off premises.

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Annual Gross Revenue from Equestrian Day Camp Activities

Day Camps: \$ _____ Other: (_____): \$ _____ Total Annual Gross Revenue: \$ _____

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.
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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____

Pony Rides Supplemental Application

Applicant: _____ Producer: _____ Number: _____
Quote #: _____ Requested Effective Date: _____

**Only equine operations providing pony rides as an incidental part of their overall equine operations will be considered for coverage.
All Pony Rides must utilize Safety Helmets to be eligible for coverage consideration.
Operations which fasten or tie children to the saddle or pony are not eligible for coverage consideration.
All Pony Rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.**

Do you operate your Pony Ride operations under another name? Yes No
If yes, please provide: _____

Do you offer your Pony Ride operations in cooperation with other organizations? Yes No
If yes, please provide name of organization and explain: _____

How many years experience giving Pony Rides: _____ Average charge per Pony Ride given: \$ _____

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

Do you ever fasten (tie) children to any part of the saddle or pony? Yes No

Are all Pony Rides conducted in an enclosed area? Yes No

Type of enclosure: Round Pen Small Arena Small Paddock (Less than 1/2 acre) Other: _____
Please describe enclosure/fencing: _____

Are all Pony Rides supervised by you or a qualified adult employee? Yes No

Is a riding instructor present? Yes No

Type of Pony Rides offered: Carousel (Merry-Go-Round) Handheld (Side-walkers) Riding Arena
 Other: _____

Maximum number of ponies used at one time: _____ Total Pony Rides per year: _____ Average Pony Rides per week: _____

Do you offer Pony Rides Off Premises? Yes No

If yes, explain Off Premises Pony Ride activities and describe the locations Pony Rides are conducted at: _____

Type of enclosure/fencing used Off Premises: _____

Do you offer other activities to Pony Ride participants? Yes No

If yes, explain: _____

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Annual Gross Revenue from Pony Rides: \$ _____

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.
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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____

Therapeutic Riding Supplemental Application

Applicant: _____
Quote #: _____

Producer: _____ Number: _____
Requested Effective Date: _____

All Therapeutic Rides must utilize Safety Helmets to be eligible for coverage consideration.
All Therapeutic Rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.

Do you operate your Therapeutic Riding operations under another name? Yes No
If yes, please provide: _____

Do you offer Therapeutic Riding in cooperation with other organizations? Yes No
If yes, please provide name of organization and explain: _____

Years experience providing Therapeutic Riding: _____
Please describe any certifications/accreditations/licenses your operation has pertaining to Therapeutic Riding: _____

Please indicate types of activities you provide along with the percentage of your operation they represent:

| | | |
|--|--|--|
| <input type="checkbox"/> Recreational Riding for Individuals with Disabilities _____ % | <input type="checkbox"/> Therapeutic Driving _____ % | <input type="checkbox"/> Competitions for Riders with Disabilities _____ % |
| <input type="checkbox"/> Therapeutic Vaulting _____ % | <input type="checkbox"/> Hippotherapy _____ % | <input type="checkbox"/> Equine Assisted Therapy _____ % |
| <input type="checkbox"/> Equine Facilitated Therapy _____ % | <input type="checkbox"/> Equine Assisted Psychotherapy _____ % | |
| <input type="checkbox"/> Other (Please explain and provide percentage): _____ | | |

| | |
|--|---|
| Total Therapeutic Rides given annually: _____ | Average number of weekly Therapeutic Rides: _____ |
| Maximum number of horses used at one time: _____ | Total number of Instructors at one time: _____ |
| Total number of Volunteers at one time: _____ | Total number of Volunteers per each rider: _____ |

Do you offer Therapeutic Rides year-round? Yes No
If no, please provide dates of operation: _____

Does your operation have outside Therapists/Instructors present during Therapeutic Rides? Yes No
If yes, please explain their certifications and activities: _____

Please indicate the types of disabilities individuals have which your operation provides Therapeutic Rides to:

| | | | | | | | |
|--|--|--|---|--|---|--|---|
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Brain Injuries |
| <input type="checkbox"/> Spinal Cord Injuries | <input type="checkbox"/> Cardiovascular accident | <input type="checkbox"/> Stroke | <input type="checkbox"/> Amputations | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Deafness | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Emotional Disabilities |
| <input type="checkbox"/> Attention Deficit Disorder | | | | | | | |
| <input type="checkbox"/> Other (Please explain): _____ | | | | | | | |

Do you have medical permission forms on record for all riders? Yes No

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

Do you ever fasten (tie) riders to any part of the saddle or horse? Yes No
If yes, please explain: _____

Are all Therapeutic Rides conducted in an enclosed area? Yes No
Please describe enclosure and fencing: _____

Please describe any Non-Equestrian activities associated with your Therapeutic Riding activities: _____

Please list any fundraising, promotional activities, or other events open to the public:
Public event date(s): _____ Description of event: _____ Location of event: _____
Description of event activities: _____

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Average charge per Therapeutic Ride (if any): \$ _____ Annual Gross Revenue from Therapeutic Riding: \$ _____

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.
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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____