



GUIDED EQUINE PROGRAM APPLICATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

Named Insured as it is to appear on the policy:													
DBA:													
FEIN/SS:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Mailing Address:													
Inspection Contact Name											Phone Number:		
Website Address:											E-Mail Address:		
Business Location Address #1													
Business Location Address #2													
Description of Operations:													
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes", please describe:													
Effective Date:				Expiration Date:				Operating Season:					
Length of time In Business:				Total Management Experience in this type of Operation:									
*** If a new Venture or Operation, please attach a Resume or a Summary or Qualifications ***													
Limits of Liability Required:		Per Occurrence:			Aggregate:								
Deductible per Claim:	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>					
Additional Insured (As they are to appear on the Policy):							Check Here if None: <input type="checkbox"/>						
Name		Address					Relationship to you						
Has Your Insurance Ever Been Cancelled or Non-Renewed?													
Yes			<input type="checkbox"/>			No			<input type="checkbox"/>				
If Yes - Please explain:													
Submission requirements for all Operations:													
<input type="checkbox"/>	Copies of your Horse Training and Riding Instruction Agreements												
<input type="checkbox"/>	Copy of your Boarding / Stall Agreement for Boarding Operations (Mandatory to Quote Coverage)												
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members												
<input type="checkbox"/>	Three Years of Loss Runs from Prior Carriers or A signed statement of "No known claims or incidents" from insured.												

Producing Agent Information		
Name of Agent	Address	Telephone Number

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

***NEW VENTURES MUST PROVIDE THEIR ANTICIPATED / PROJECTED GROSS REVENUES "TBD" OR BLANK IS NOT ACCEPTED

GUIDED EQUESTRIAN ACTIVITIES	# OF HORSES, WAGONS	GROSS REVENUES
EQUESTRIAN RIDING INSTRUCTION - INSURED OWNED HORSES		
EQUESTRIAN RIDING INSTRUCTION - STUDENT OWNED HORSES		
BOARDING OF NON-OWNED HORSES - IN STALLS		
BOARDING OF NON-OWNED HORSES - PASTURE ONLY -NO STALLS		
TRAINING OF NON-OWNED HORSES		
BREEDING OF HORSES		
CARE-CUSTODY-CONTROL INJURY TO NON-OWNED HORSES LIABILITY		
HORSE DRAWN CARRIAGE/SLEIGH/WAGON/STAGECOACH RIDES		
GUIDED HORSE TRAIL RIDES***		
*** AVERAGE TOTAL NUMBER OF HORSES ON ANY ONE RIDE		
OWNED HORSES - PLEASURE /PERSONAL ONLY (NO STALLIONS)		
HORSE SALES		
TACK SALES		
HORSE SHOWS OTHER THAN RODEOS ON INSURED'S PREMISES		
GUIDED PONY RIDES (HORSES LESS THAN 40" TALL AT THE WITHERS)		
PETTING ZOO - SMALL ANIMALS		
RIDING CLUBS *** SEPARATE APPLICATION		** SEPARATE APPLICATION
THERAPEUTIC RIDING INSTRUCTION		** SEPARATE SUPPLEMENTAL
RIDING CLINICS / CAMPS		
OWNED HORSES INSURED ELSEWHERE		
RODEOS - ** COMPLETE SEPARATE APPLICATION		
PARADES (# OF PARADE APPEARANCES)		
OTHER:		
OTHER:		
INCIDENTAL OPERATIONS		GROSS REVENUES
CABINS/CAMPING / LODGING / RV		
CONCESSIONS		
RETAIL SALES OF MERCHANDISE		
RESTAURANT		
OTHER:		
OTHER:		
OTHER:		

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in any Activity? Yes No
2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
3. Do you have the Equine Statutes Posted and Proper Signage Posted PER YOUR STATE'S EQUINE STATUES? Yes No
4. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
5. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 If "yes": For what Activities-Duties? _____
 If "yes": Do you obtain Proof of Insurance with AI status from them? Yes No
6. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 If "yes" – do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
7. Do you provide Staff Housing? Yes No
 If "yes" – describe _____
8. Do you raise hay or grain for horses? Yes No
9. Do you allow any Hunting or Fishing Activities allowed on your premises? Yes No
10. Is the premises supervised / monitored 24 hours a day? Yes No
 If "no" – how is it maintained / supervised? _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you conduct or allow any non-guided activities? Yes No
 If "yes", describe in detail: _____
13. Total number of owned horses/mules: _____
14. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
15. Do you employ, contract or have on-site any of the following? Ferrier Veterinarian Equine Therapist
16. Do you rent or lease horses to the public without a guide? Yes No

INSTRUCTOR or TRAIL GUIDE or DRIVER QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED

AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR ?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE, INSTRUCTOR, TRAINER INCLUDING INDEPENDENTS

GUIDED HORSE / MULE / DONKEY TRAIL RIDES NO EXPOSURE

1. Where do you conduct the Guided Trail rides? _____
2. Do you do any night Guided Trail Rides? Yes No
3. Do you make any stops at restaurants or points of interest during the trail ride? Yes No
 If "yes", do you allow the consumption of alcohol during those stops? Yes No
4. Do you match the rider's experience to the horse you are providing? Yes No
5. Do you use well-known and well-marked trails? Yes No
6. What is your Guide to Client Ratio? _____
7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No

EQUESTRIAN RIDING SCHOOL / INSTRUCTION NO EXPOSURE

1. Is Safety Equipment required of all students while riding? Yes No
 If "yes", Describe: _____
2. Which Riding Style is taught? _____
3. Are students trained to participate in competitive Events? Yes No
 If "yes" describe: _____
4. What is your Instructor to Client Ratio? _____
5. What is the minimum Age for Participation: _____
6. Are you certified by a riding institute? Yes No
7. Do you use Independent Riding Instructors? Yes No
 If "yes" do you obtain a certificate of insurance with additional insured status on their insurance policy? Yes No
 If "no" and the Independent Riding Instructor is operating under your name - do you wish to have them listed as an AI? Yes No
 If "yes" - on a separate sheet - please list the instructors full name, address, credentials and certifications Yes No
8. Do you offer Lessons to Handicapped or Special Needs Students? Yes No If Yes - Complete Additional Supplemental Application

CAMPS / CLINICS NO EXPOSURE

1. Number of Participants _____ Day Camp Only? _____ Overnight? _____ Describe _____
2. How many days is each session? _____ How Many Sessions? _____
3. Any other activities besides Horsemanship & Grooming? Yes No
 If "yes", describe them: _____
4. Instructor to student/camper Ratio: _____
5. Minimum Age for participation in camps and clinics: _____
6. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No

BOARDING

1. Do you have a stall, boarding, breeding or training agreement in place with hold harmless and indemnification language? Yes No
 *** If "yes" you **MUST** provide a copy of the agreement in order to Bind.
2. Number of Stalls available for Boarding of Non-Owned Horses: _____
3. Number of Stalls available for Boarding of Owned – Horses: _____
4. Number of Non-Owned Horses you Pasture Board Only and do not provide Stalls for boarding _____
5. Describe the fencing: _____ Age of the fencing: _____
6. Describe your Riding Facilities in detail: _____
7. Do you allow Boarders to use your Riding Facilities? Yes No
8. Do you allow Non-Boarders to utilize your riding facilities? Yes No
 If "yes", do you require all riders to sign a Waiver & Release of Liability? Yes No
9. Do you utilize independent trainers? Yes No

TRAINING OF NON-OWNED HORSES:

1. Do you train non-owned horses? Yes No
 If "yes" how many do you train in a year? _____ Type of Training? _____
2. Do you train non-owned horses on your premises? Yes No
3. Do you hire independent trainers to train the horses? Yes No
 If "yes", do you obtain a certificate of insurance with AI status from the trainer? Yes No
 If "no", do you want the Independent trainer as an additional insured when training on your behalf on your premises? Yes No
 If "yes", provide the Name & Address: _____

BREEDING:

1. Do you provide Breeding Services? Yes No
2. Is Breeding done on of off your premises? _____ If off where is it done? _____
3. Number of Stallions you own used for breeding: _____ Number of Mares you own used for breeding: _____
4. Describe your breeding operations / process: _____

CARE-CUSTODY – CONTROL INJURY/DAMAGE TO NON-OWNED HORSES

NO EXPOSURE

LOCATION OF BARN	NUMBER OF BARNs	CONSTRUCTION	# OF HOSES PER BARN	MAX VALUE ANY ONE HORSE	DISTANCE TO FIRE DEPT	ARE BARNs HEATED?

1. Type of Heating: _____ Last heating inspection deeming safe for boarding: _____

2. Do you use run-in sheds and/or outside stalls exclusively? Yes No

3. Do you own, lease or use vehicles in order to transport non-owned horses? Yes No

If "yes" – purpose of transport: _____

4. Number of vehicles used at any one time: _____ Radius of Operation _____ Number of trips each year: _____

5. Distance to your veterinarian: _____ Distance to Surgical Facility: _____

6. Do you rehabilitate or provide equine physical therapy for non-owned horses? Yes No

If "yes", describe: _____

7. Do you own, lease or use mechanical devices such as a hot walker or aqua treadmill? Yes No

If "yes", describe: _____

8. Average Number of Horses in your Care-Custody-Control per Month: _____ Maximum Value any one horse; \$ _____

9. Is there 24 Hour Security and Supervision of stables? Yes No. Describe: _____

CHECK	LIMIT PER HORSE	POLICY YEAR AGGREGATE		CHECK	LIMIT PER HORSE	POLICY YEAR AGGREGATE
<input type="checkbox"/>	\$5,000	\$25,000		<input type="checkbox"/>	\$5,000	\$50,000
<input type="checkbox"/>	\$10,000	\$50,000		<input type="checkbox"/>	\$10,000	\$100,000
<input type="checkbox"/>	\$25,000	\$100,000		<input type="checkbox"/>	\$25,000	\$250,000

HORSE SHOWS (Separate Application for Rodeos) – PARTICIPANT COVERAGE IS EXCLUDED FOR THESE EVENTS

NO EXPOSURE

1. Do you host / sponsor or provide the venue for any horse shows, competitions or exhibitions? Yes No

2. Do you sponsor / hold any horse shows off your premises? * If yes, an event application must be completed Yes No

3. Number of shows / exhibitions / competitions held on your premises: _____

4. Average Number of Spectators at each event: _____

5. Type of Seating Provided to the Spectators: Bleachers Chairs Bring their Own Other: _____

If Bleachers: Temporary Permanent Construction _____ Age _____

6. Are Medical Personnel present during all events? ___ Yes ___ No Describe: _____

7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No

8. Do you participate in any parades? ___ Yes ___ No If Yes How Many? _____

OWNED HORSES PLEASURE / PERSONAL USE

NO EXPOSURE

I HAVE COVERAGE FOR MY PERSONAL EQUINE ACTIVITIES THROUGH A SEPARATE POLICY AND REJECT COVERAGE

Yes No

1. Do you ride your owned horses off-premises?

Yes No

If Yes – Describe the Activities: _____

2. Do you participate in Competitions, Shows or Parades?

Yes No

If Yes – Describe: _____

How Many Competitions do you participate in each year? _____

2. Do you allow friends and family who do not regularly occupy the premises to ride your horses for non-commercial activities? Yes No

If yes: Do you require all riders sign the agreed upon waiver regardless of their relationship to you? Yes No

AGE	NAME OF YOUR OWNED-PLEASURE USE HORSE	BREED OF HORSE	PERCENTAGE OF OWNERSHIP	PRIMARY USE OF THE HORSE

GUIDED PONY RIDES

NO EXPOSURE

***** PONIES ARE DEFINED AS HORSES / BURROS / DONKEYS THAT ARE 40" TALL OR LESS AT THE WITHERS *****

1. How Many Years of Experience do you have offering Pony Rides? _____

2. Check the Type of Pony Rides you Offer: ___ Carousel ___ Sweep ___ Employee Led ___ Ring Riding – Rider Handles Reins

3. Describe the Area that the Pony Rides are Held. _____

4. Total Number of Ponies Available: _____ Maximum Number of Ponies used at any one time? _____

5. Are Safety Helmets Mandatory? Yes No

6. Describe any Safety Equipment or Harnesses Used? _____

7. Are the Parent/Guardians of All riders required to sign a Waiver / Release of Liability? Yes No

8. How Many Events to you attend annually? _____

9. What is the maximum number of ponies you use during each event? _____

10. What is the average number of ponies you used at each event over a 12 month period? _____

11. What is the minimum age you allow to ride the ponies? _____

12. Do ALL participants' Parents / legal Guardian sign a waiver prior to starting activities? Yes No

13. Do you have ponies that are taller than 40" at the Withers? (Children must be 8 or older to ride taller horses) Yes No

PETTING ZOO

NO EXPOSURE

# OF ANIMALS	TYPE OF ANIMAL	# OF ANIMALS	TYPE OF ANIMAL

1. Is this a Traveling – Mobile Petting Zoo? Yes No

If "yes" – Describe the Events you Attend _____

2. Are Animals in: _____ Cages _____ Pens _____ Roam Free _____ Tethered to a Tree or Post?

3. Are guests allowed to feed the animals? Yes No

4. Are Guests allowed to Hold / Pet the Animals? Yes No

5. Do you Provide a Hand Washing Station? Yes No

If "no" – Describe Hand Sanitation: _____

CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES

NO EXPOSURE

TYPE OF UNIT	NUMBER OF UNITS	PASSENGER CAPACITY OF UNIT	NUMBER OF ANIMALS USED OR TYPE OF VEHICLE PULLING THE UNIT	# OF RIDES IN A YEAR
CARRIAGE / BUGGY				
SLEIGH				
STAGECOACH				
WAGON / HAY RIDES				
TROLLEY				
OTHER: DESCRIBE:				

1. Are units used at night? Yes No

2. Do you participate in Parades/ Yes No. If Yes, How Many? _____ Who are the Passengers? _____

3. Do your units have any of the following?

- Hydraulic Brakes Lights Reflectors Reflective Tape Slow Moving Vehicle Signs Turn Signals

4. Are any rides given on or cross over public roads or in Metropolitan Areas? Yes No

If yes, describe the type or roads and number of lanes: _____

5. Are you required to be licensed by any governmental authority to operate? Yes No

If Yes, Describe: _____

6. What is the minimum driver age and experience requirement for drivers? _____

CAMPING / CABINS / LODGING / SWIMMING NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: _____
2. Total Number of RV Spaces Available: _____ Describe Utility Hookups _____
3. Total Number of Cabins Available: _____ If Lodge – Number of Units: _____ Date Built: _____ Construction: _____
4. Do All Cabins / Lodge Units Have Smoke Alarms? Yes No
5. Are Individuals Allowed to Cook within the cabins? Yes No
6. Is there a Swimming Pool or Swimming Area Available for Use? Yes No
If "yes" – is there a Diving Board or Slide? Yes No
7. Are all Local and State Rules & Regulations regarding Signage Complied with? Yes No
8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? Yes No
10. Have you even received a citation or warning with respects to the pool / spa from State or Local Authorities? Yes No
If "yes", describe the citation and how the citation was remedied: _____

CONCESSIONS / RESTAURANT NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? Yes No
If no, please describe the Fire Protection present: _____
2. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? Yes No
If no, please describe why: _____
3. Have you ever been cited for a health violation? Yes No
If yes – describe citation and how remedied: _____
4. Types of Food Sold: _____

RETAIL SALES OF HORSES NO EXPOSURE**HORSES**

1. How many horses do you sell annually? _____ Breed Annually? _____
2. Do you sell horses on Consignment? Yes No If Yes Please Describe: _____
3. Is the buyer allowed to Test Ride the Horse Before Purchasing? Yes No If yes, do they sign a Waiver/Release? Yes No

TACK & MERCHANDISE NO EXPOSURE

1. Describe your merchandise / items for sale: _____
2. Do you repair or sell used equipment? Yes No
If "yes" – do you have a warranty or guarantee or return policy that you provide? Yes No
If "yes" – please provide a copy or describe: _____
3. Do you Manufacture, Build, Make or otherwise modify any of the Merchandise you Sell? Yes No
If "yes" Please Describe: _____

GUIDED EQUINE ACTIVITIES – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	REQUIREMENTS FOR ALL ACTIVITIES (1-15) REVIEW REQUIREMENTS 16-20 & INITIAL OR CHECK THE BOX IF “NO EXPOSURE”
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident
2.		YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US , recognizing the dangers of the activities. That waiver will be signed and obtained from all participants. In addition to the customer’s signature, the form will have a parent’s or legal guardian’s signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years (WAIVERS ARE NOT REQUIRED FOR CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES BUT ARE HIGHLY SUGGESTED)
3.		Drug and alcohol use are prohibited. As such, you shall not allow any person to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during activities at any time
4.		A boarding agreement will be used for all boarding of horses owned by others and a copy of the form will be provided to us to be approved prior to the commencement of activities.
5.		All applicable safety standards for the operations are to be followed at all times;
6.		Employees must be properly trained and experienced in the operations, and must be experienced horsemen.
7.		You will inspect all the equipment daily, prior to the commencement of activities, and maintain a written log of those inspections.
8.		Lead / Primary Guide, Operator, Instructor or Driver will have an emergency plan in place, a First Aid Kit Immediately Available and must be currently certified in CPR and First Aid, possess all relevant skills and knowledge of operations.
9.		Records of each activity must be maintained including applicable boarding agreements, waivers or releases of liability, incident reports, and veterinary reports on boarded horses.
10.		Riding helmet and safety equipment must be worn by all minors. Riding helmet and safety equipment must be offered and recommended to all riders. Riders under 16 must wear helmets.
11.		The minimum age for riders is 8 years. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse is permitted.
12.		Under no circumstances will you conduct or permit any form of contest or racing event at any time.
13.		Double riding or bareback riding or vaulting must not be allowed for any equine activity or operation
14.		All contracts, waivers and other documentation required of this policy must be signed and maintained on file for no less than three (3) years. However, with respect to a minor, all such documentation shall be maintained at least until the minor reaches the age of majority
15.		You and your employees shall abide by all local, state, and federal laws relevant to ALL activities

NO EXPOSURE (IF YOU CONDUCT PONY RIDES REVIEW AND INITIAL 16-20)

16.		I confirm that the ponies used in my pony rides operation are 40” or less in height at the withers.
17.		Participant children must be at least 3 years of age on their last birthday. GUIDED PONY RIDES
18.		All participants shall wear properly fitting riding helmets and safety equipment. GUIDED PONY RIDES
19.		A capable adult employee shall lead (on foot) all ponies under the direct supervision of the operator. Alternatively ponies may be tethered to a carousel/pony ring. GUIDED PONY RIDES
20.		A Waiver and release of liability approved by us, recognizing the dangers of riding activities will be signed and obtained from all participants. In addition to the customer’s signature, the form will have a parent’s or legal guardian’s signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years and in the case of minors, until the minor reaches the age of majority. GUIDED PONY RIDES

**ELIGIBILITY REQUIREMENTS CONTINUED ON NEXT PAGE

<input type="checkbox"/> NO EXPOSURE (IF YOU CONDUCT CARRIAGE/SLEIGH/STAGECOACH/WAGON/TROLLEY RIDES REVIEW & INITIAL 21-27)		
21.		All vehicles, carriages, sleighs, stagecoaches and wagons must have slow moving caution symbols displayed on them and have hydraulic or approved mechanical brakes. No braking system is required on hayracks pulled by vehicles with an approved braking system. Lights are required on the front and the back of vehicles pulling the hay wagons and reflectors on the horses' tack, saddle or neck yokes for dusk and night rides. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
22.		Employed drivers must operate all teams or vehicles at all times. All drivers must have at least two years applicable team driving experience. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
23.		All Passengers must be seated while the vehicle is in motion. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
24.		A helper is required, in addition to the driver, for all animal drawn wagons with 6 passengers or more and tractor or vehicle drawn wagons with 12 passengers or more. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
25..		A driver or an assistant must be seated in the drivers seat while loading and unloading passengers from the animal drawn wagons to control sudden movements of the animals. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
26.		Passengers / Patrons must not be allowed to sit or ride alongside the driver. Stagecoach Passengers must remain inside the stagecoach at all times during the ride/trip. CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES
27.		Wagons will have sideboards at least two feet above the seating level and have monitored entrance and exit ways. WAGON RIDES
<input type="checkbox"/> NO EXPOSURE (IF YOU CONDUCT GUIDED TRAIL RIDES REVIEW & INITIAL 28-36)		
28.		You shall ensure that a properly marked 'Trail' is established that is clearly marked and identified. GUIDED TRAIL RIDES
29.		Riding helmets and safety equipment must be used by all riders under 16 years of age. Riding helmets and safety equipment must be offered to all riders and recommended. A signed "protective equestrian headgear refusal" waiver recognizing the dangers of riding without a helmet must be obtained from each rider declining the use of a helmet. A parent or guardian's signature must be obtained for riders under 18 years old declining to use a helmet. GUIDED TRAIL RIDES
30.		The minimum age for riders is 8 years. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse is allowed. GUIDED TRAIL RIDES
31.		Riders must acknowledge that they are physically and mentally capable of participating in the trail ride. GUIDED TRAIL RIDES
32.		All riders must be accompanied by a guide with a ratio not to exceed six (6) riders to one (1) guide. GUIDED TRAIL RIDES
33.		Riders must not dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article. GUIDED TRAIL RIDES
34.		The minimum age for each guide is 21 years. Younger guides may accompany an older guide. All guides must be employed by the stable and have at least two years horse riding experience. All guides must be current in CPR and First Aid, and have a current CPR certificate where appropriate. GUIDED TRAIL RIDES
35.		You <u>will</u> inspect all equipment daily, prior to the commencement of activities. You will maintain and keep a written log of those procedures. GUIDED TRAIL RIDES
36.		Under no circumstances will you conduct or permit any form of contest or racing event at any time. GUIDED TRAIL RIDES

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL	
No.	Explanation and Comments:

I understand that R.B. Jones Insurance for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing the APPLICATION; GUIDELINES & FRAUD WARNING you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

 APPLICANT'S SIGNATURE & TITLE

 PRINTED NAME & TITLE

 DATE

R. B. JONES AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) R.B. Jones and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of 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.

For residents of 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

APPLICANT SIGNATURE

DATE