

GEMINI INSURANCE COMPANY

A Berkley Insurance Company
475 Steamboat Road, Greenwich, Connecticut 06830 (203) 542-3821

Surplus Lines – Equine Exposure Application

Name of Applicant/Mailing Address: Applicant: _____ Mailing Address: _____ <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> Organization <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Other Explain Other: _____		
Telephone: <table border="1" style="width: 100%;"> <tr><td style="width: 20%;">Day</td><td> </td></tr> <tr><td>Evening</td><td> </td></tr> <tr><td>Cell</td><td> </td></tr> </table> Facsimile: _____	Day		Evening		Cell		Agency: Agri-Risk Services, Inc. Lance L. Allen (CA Lic. OB17542) 7540 W. 160th, Suite 100 Stilwell, KS 66085 
Day							
Evening							
Cell							
E-Mail: _____ Website: _____ Requested Coverage Date: _____	Agent Number: 1500 - 1501 Phone: 1- 800-821-5558 Fax: 1-913-897-1444 E-Mail: info@agrisk.com Websites: www.agrisk.com www.equineinsurance.org						

IMPORTANT – YOU MUST READ THIS

I UNDERSTAND THAT SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE INSURANCE COVERAGE; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Incomplete applications will not be considered.

Date	Signature of Applicant
Date	Signature of Applicant

Location of actual operations: (If more than 3 locations say various under #1 below)						
Address:		County:	Acres:	Premises (Check One):		
1.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain
2.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain
3.				<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Other - Explain
Names of all partners or officers of corporation: _____						
Additional Insureds:						
Name: _____				Relationship to Insured: _____		
Address: _____				Telephone: _____		
Name: _____				Relationship to Insured: _____		
Address: _____				Telephone: _____		
Name: _____				Relationship to Insured: _____		
Address: _____				Telephone: _____		

Section I GENERAL UNDERWRITING AND SAFETY INFORMATION

NOTE-LIQUOR LIABILITY IS NOT COVERED

1. Give a brief description of all of your equine operations: _____
2. Does applicant engage in any other business activity under the name listed on the application?
 Yes No Explain: _____
3. How many employees: Full Time: _____ Part Time: _____, Annual Payroll \$ _____
 Do you have workers compensation insurance? Yes No Insurance Company _____ Policy # _____
 Do you employ or have volunteers younger than 18 years of age? Yes No
 If yes, please explain their duties and selection process: _____
 Are volunteers required to sign a release/waiver of liability (Parent/Legal Guardian must sign for volunteers under 18 years of age)? Yes No
 Do you maintain files on each of your employees that include the following information?
 Yes No Not Applicable Employee work schedule
 Yes No Not Applicable Employee pay records
 Yes No Not Applicable Next of kin addresses
 Yes No Not Applicable Employee phone numbers to reach them during non-working hours
 Yes No Not Applicable Forwarding Addresses
4. Are you the primary manager of your facility? Yes No
 If no, what is the manager's name: _____, age: _____, years experience: _____
5. Are horses stabled at location of operation? Yes No. Is there 24 hour supervision of the facility where horses are stabled? Yes No. Please explain the supervision: _____

6. **Yes** **No** Are emergency numbers clearly posted?
 Yes **No** Is game hunting permitted on the premises of operation?
 Yes **No** Is there a swimming pool on the premises of operation?
 Yes **No** If yes, is it fenced to prevent unauthorized access?
 Yes **No** If there is a swimming pool on the premises of operation, is it for private use only?
 Yes **No** Has any dog owned by you or kept on the premises of operation caused injury to anyone?
 List total # of dogs _____. What breed(s)? _____
 Yes **No** Are applicable State Equine Liability signs clearly posted?

7. Do you lease any part of any building or land to or from someone? **Yes** **No**
 If yes, please explain: _____

8. Fencing: Is all fencing in good condition? **Yes** **No**.
 Type of fencing used: _____
 The fencing is checked: Daily Weekly Monthly Never
 Has any animal ever escaped from your premise of operation? **Yes** **No**.
 If yes, please explain: _____
 Was the reason for the escape remedied? **Yes** **No** How? _____

9. Describe your regular maintenance schedule for tack and equipment used for your equine operations:

Do you repair damaged tack? **Yes** **No**. If yes, explain: _____
 Do you clean & sanitize riding helmets after each rider has completed their ride? **Yes** **No**
 Describe the training of your employees in use and daily maintenance of equipment?

10. Do you allow alcohol consumption on the premises? **Yes** **No**

11. Do you allow people with extreme physical handicaps (ex. blindness, amputee, cerebral palsy) to ride or participate in the same manner as able-bodied participants? **Yes** **No** Explain _____

12. Do you utilize radios or cell phones for emergency communications? **Yes** **No** Explain _____

13. **ADDITIONAL COMMENTS:** _____

Section II OWNED HORSES/LEASED HORSES (include all locations)		
Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)		
1 Trail Rides: _____ .	4. Showing: _____	8. Racing or Race Training: _____
2 Carriage Rides: _____ .	5. Breeding: _____	9. Pleasure: _____
3 Pony Rides: _____ .	6. Used For Giving Lessons To Others: _____	
	7. Other Use (specify use & Number): _____	
	Total of all horses: _____	

Section III GUIDED TRAIL RIDES/OUTFITTERS Check If No Exposure – Proceed to IV _____ initials

Months of Operation:		to	
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- Number of years experience operating guided trail rides: _____
- Are all of your trail rides guided? **Yes** **No**. If no, please explain: _____
 What is the maximum number of riders per guide? _____ riders / 1 guide.
 Maximum number of your owned horses used at one time for guided trail rides: _____;
 Yearly gross receipts from guided trail rides on your owned horses \$ _____.
 Maximum number of your leased or non-owned horses available for guided trail rides: _____
 Yearly gross receipts from guided trail rides on your leased or non-owned horses: \$ _____
- Do you let riders bring their own horses (not yours) for trail rides on your premises of operation? **Yes** **No**
 If yes, does one of your employees go as a guide? **Yes** **No**. If no, please provide narrative: _____
 What are the yearly gross receipts for riders on their own (not yours) horses? \$ _____
- Do trails cross or run along roads or highways? **Yes** **No**.
 If yes, please describe: _____
 Do your guides use radios or cell phones for emergency communications? **Yes** **No**
 If no, explain: _____
- Do you match riders with horses based on the rider's experience? **Yes** **No**
 Please explain _____
 Do you allow double riders on one horse? **Yes** **No** Explain _____
- Do you require each and every rider to sign a release/waiver of liability form? **Yes** **No**
 Has an attorney confirmed your release/waiver of liability form fits your State's Equine Activity Statutes? **Yes** **No**
 Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age?
 Yes **No**
 Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it? **Yes** **No**. If yes, please explain your procedure for this: _____

Information about states Equine Liability statutes may be available at:
http://tarlton.law.utexas.edu/dawson/equine/equ_menu.htm

- Are American Society for Testing and Materials (ASTM) or equivalent helmets required of all riders?
(Check boxes that apply) By Everyone ALL OF THE TIME Age 18 and under ALL OF THE TIME
 Helmets are Not required Helmets are not available
 If an adult rider (18 years old or over) refuses to wear a helmet, do you let them ride? **Yes** **No**
 If yes, do you require that they sign a helmet waiver of liability? **Yes** **No**
 If a rider under 18 years old refuses to wear a helmet, do you allow them to ride? **Yes** **No**

8. List Name, Age, Experience and any Certification of each guide:

Name	Years of Age / Experience	Lead Guide	Basic First Aid & CPR	Advanced First Aid Training	Certified Guide
_____ / _____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain what training you give new employees prior to letting them be a guide? _____

Do you conduct background checks on guides? **Yes** **No**. Explain: _____

- Do you operate as an outfitter? **Yes** **No** **N/A** If yes: Hunting Fishing Other: Explain _____
 Give details on the number of participants, route, and the hours/days of the trip: _____

Do your clients bring their own weapons? **Yes** **No**
 Please mark type of weapons used: **Rifles** **Bows and Arrows** **Muzzle Loading Rifles**
 Other _____
 Annual Gross Receipts: \$ _____

10. **ADDITIONAL COMMENTS:** _____

NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN

Section IV HORSE DRAWN VEHICLE RIDES Check If No Exposure – Proceed to V _____ initials

Months of Operation:		to	
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- Number of years experience you have in conducting horse drawn vehicle rides? _____
- Number of horses used for carriage rides: _____ Annual gross receipts: \$ _____
- What is the maximum number of rides given in one week? _____
What is the average number of rides given in one week? _____
- What is the minimum age of a horse that you will use for carriage rides? _____
Explain the training a horse must receive prior to being used for carriage rides: _____
- Are stallions used to give carriage rides? Yes No

6. List make and model of each vehicle used and the maximum number of passengers allowed:

Vehicle Name:	Make & Model:	Maximum Number of Passengers:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Yes No Do you give rides at night?
- Yes No Do your vehicles have lights?
- Yes No Do your vehicles have reflectors/reflective tape?
- Yes No Do your vehicles have slow moving emblem warning signs?
- Yes No Do your vehicles have hydraulic brakes?
- Yes No Are you licensed by any governmental authority? If yes, please list by whom: _____

7. Are your ride operations conducted only on your owned premises? Yes No
If carriage rides are conducted on non-owned premises, list the locations and conditions of use: _____
Number of days you participate in special events: _____

8. Do any of your ride routes cross or run along public roads or highways? Yes No
If yes, explain: _____
Explain safety measures you have to prevent accidents with motor vehicles and pedestrians: _____

9. List Name, Age, Experience and any Certification of each driver:

Name:	Years of Age / Experience:	Basic First Aid & CPR	Advanced First Aid Training	Certified Driver
_____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain what training you give new employees prior to letting them give carriage/sleigh/hay rides?

10. Do you require each and every vehicle rider to sign a release/waiver of liability form? Yes No.
Has an attorney confirmed your release/waiver of liability fits your State's Equine Activity Statutes? Yes No
Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age? Yes No
Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it? Yes No. If yes, please explain your procedure for this: _____

11. Do you conduct hay or sleigh rides? Yes No. If yes, gross annual receipts \$ _____

12. Please provide a detailed explanation of your safety program: _____

13. ADDITIONAL COMMENTS: _____

NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN

Section V PONY RIDES/PETTING ZOOS Check If No Exposure – Proceed to VI _____ initials

Months of Operation:		to	
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- Number of years of experience giving pony rides?
- Maximum number of ponies used at any 1 time: _____ Annual gross receipts: _____
- What is the maximum number of rides given in one week? _____
What is the average number of rides given in one week? _____
- Type of pony ride used (check those that apply): Sweep Ring Other. If other, explain type: _____
- Are pony rides conducted in an enclosed area? Yes No If no, please explain: _____
- Are pony rides conducted on your owned premises ? Yes No
Do you operate pony rides on non-owned premises ? Yes No
If yes, check the type of premise and the number of annual days at that type of premise:

_____	Private Residence	Estimated No. of Annual Days:	_____
_____	City Parks	Estimated No. of Annual Days:	_____
_____	Fairgrounds	Estimated No. of Annual Days:	_____
_____	Other – explain: _____	Estimated No. of Annual Days:	_____

- Are ASTM or equivalent helmets required of all riders during the pony rides? Yes No
If no, do you require that their legal guardian/parent sign a helmet release? Yes No
- Do you fasten children to the saddle or use a safety harness? Yes No
- Please provide a detailed explanation of your safety program when giving pony rides:

- Do you operate a petting-zoo? Yes No
- What are your annual receipts from your petting zoo operations? _____
- Are petting zoo operations conducted on your owned premises? Yes No
Do you conduct petting zoo operations on non-owned premises? Yes No
If yes, please explain. _____
- Describe the type of animals you have and the total numbers for each one:

Animal type	Number:	Animal type	Number:	Animal type	Number:

- Do you allow guests to feed the animals? Yes No
- Are all animals in cages and pens? Yes No
- Do you provide a hand washing station(s)? Yes No If yes, how many? _____
How frequently is the station(s) checked and replenished? _____
- Do you provide a picnic area for guests? Yes No. Explain: _____

NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN

Section VI TACK STORE OR RETAIL SALES **Check If No Exposure – Proceed to VII** _____ **initials**

Months of Operation:		to	
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Gross Sales Receipts					
Snacks	Clothing	Tack	Feed	Other Retail	Total
\$	\$	\$	\$	\$	\$

1. Do you manufacture or repair any goods sold? **Yes** **No**. If yes, please describe:
2. Do you repair riding equipment for others? **Yes** **No**
3. Do you perform any type of farrier service? **Yes** **No**; gross annual receipts \$

Section VII NON-OWNED HORSES **Check If No Exposure – Proceed to VIII** _____ **initials**

Months of Operation:		to	
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1. What is the maximum number of horses boarded? _____ Monthly boarding rate \$ _____
2. Annual Gross Receipts \$ _____
3. What is the maximum number of non-owned horses in show training?
Monthly training rate \$ _____ Annual gross receipts \$ _____
4. What is the maximum number of non-owned breeding stallions? _____; Annual gross receipts \$
5. What is the maximum number of non-owned mares?
Do mares stay on your premises until after foaling? **Yes** **No**
6. What is the maximum number of non-owned racehorses or racehorses in training?
7. Maximum number of non-owned racehorses you train for others? _____; Annual gross receipts \$ _____
8. Do you sell horses as an agent for others? **Yes** **No**
How many horses do you sell annually that are: owned by you? _____; owned by others?
Average value of horses sold and owned by you \$ _____; owned by others \$ _____
9. Do you desire coverage for non-owned horses in your Care, Custody and Control? **Yes** **No**
_____ **(please initial)** **(Separate application required)**
10. ADDITIONAL COMMENTS: _____

Section VIII RIDING INSTRUCTION PROVIDED BY YOU Check If No Exposure – Proceed to IX _____ initials

Months of Operation:		to	
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1. Number of years experience as a riding instructor:
Do you hold any national officiating/judging/and/or instructors licenses? **Yes** **No**
If yes, give details and competition experience:
2. Maximum number of school horses available: _____; Maximum number used at one time:
Yearly gross receipts for riding instruction on school horses: \$
3. Do you give instructions to students on their own horses? **Yes** **No**
If yes, number of students per week: _____; Yearly gross receipts \$ _____
4. What riding discipline do you instruct? _____
5. Do you attend off-premises shows with any of your students? **Yes** **No**
How many times a year? _____; Gross annual receipts \$ _____
6. Do you hold clinics for non-students? **Yes** **No**, how many? _____, average attendance:
What are the dates? _____; Gross receipts \$ _____
7. Do you operate a day camp or an overnight camp? **Yes** **No**; Yearly gross receipts \$ _____
If answered 'yes', a Camp Supplement Form must be completed and submitted prior to quoting.
8. Do you provide riding for the handicapped? **Yes** **No**
If answered 'yes', a Therapeutic Riding Supplement must be completed and submitted prior to quoting.
9. Do you require each and every rider to sign a release/waiver of liability form? **Yes** **No**
Has an attorney confirmed your release/waiver of liability form fits your State's Equine Activity Statutes? **Yes** **No**
Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age?
 Yes **No**
Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it? **Yes** **No**. If yes, please explain your procedure for this: _____
10. Additional comments:

Section IX INDEPENDENT TRAINERS AND INSTRUCTORS Check If No Exposure - Proceed to X ____ initials

Months of Operation:		to	
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1. Do independent trainers utilize your facility? Yes No
2. Do all independent trainers carry their own insurance? Yes No

IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.

NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS

Name:		Address:	
Age:	Years experience in current class instructing: _____		
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____			
Name:		Address: _____	
Age:	Years experience in current class instructing: _____		
Any licenses or certificates for training? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details: _____			

3. How many horses are provided for lessons by independent instructors: ____; gross receipts \$
4. Gross receipts for instructions to students on their own horses: \$
5. Number of boarded horses trained by independent trainers:
6. *ADDITIONAL COMMENTS:*

Section X HORSE SALES **Check If No Exposure – Proceed to XI _____ initials**

Months of Operation:		to	
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<p>1. Do you sell horses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, number sold annually:</p> <p>3. Do you sell for others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you sell on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Gross annual receipts \$</p>	<p>6. Consignment Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:</p> <table border="1"> <tr> <td>How many sales per year?</td> <td>_____</td> </tr> <tr> <td>Annual Gross sales amount?</td> <td>\$ _____</td> </tr> <tr> <td>Average # People attending:</td> <td>_____</td> </tr> <tr> <td>Location(s):</td> <td>_____</td> </tr> </table>	How many sales per year?	_____	Annual Gross sales amount?	\$ _____	Average # People attending:	_____	Location(s):	_____
How many sales per year?	_____								
Annual Gross sales amount?	\$ _____								
Average # People attending:	_____								
Location(s):	_____								

Section XI SPECIAL EVENTS - Spectator coverage only - No coverage for participants **Check If No Exposure – Proceed to XII _____ initials**

Months of Operation:		to	
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	Event Date	Event Name	Event Type	Event Location-Address	Additional Insured	\$ Gross Receipts	Number of Competitors	No. of Spectators
1					<input type="checkbox"/>	\$		
2					<input type="checkbox"/>	\$		
3					<input type="checkbox"/>	\$		
4					<input type="checkbox"/>	\$		
5					<input type="checkbox"/>	\$		
6					<input type="checkbox"/>	\$		
7					<input type="checkbox"/>	\$		
8					<input type="checkbox"/>	\$		
9					<input type="checkbox"/>	\$		

Attach additional sheets as needed.

1. Will bleachers or platforms be involved? **Yes** **No**. If yes, provided seating capacity _____
 Number of years hosting events/shows: _____; years hosting at this location: _____
 Are shows sanctioned? **Yes** **No**; By Who? _____
 Do you secure releases from all entrants? **Yes** **No** (If yes, please attach a sample copy)
 Do you have an Emergency Medical Technician (EMT) present at all events? **Yes** **No**
 If yes, do you obtain proof of Insurance or a certificate of insurance from the EMT? **Yes** **No**
2. Do you manage any hunts or racing events? **Yes** **No**; if yes, please describe: _____

3. Do you own/use any hounds for hunts? **Yes** **No**; if 'yes', how many hounds? _____
 If any events involve rodeos, please describe type of events: _____
4. Are guests allowed to participate in any rodeo activities? **Yes** **No** If yes, please explain: _____
5. Describe any other type of events or operations that are not mentioned above: _____
6. **ADDITIONAL COMMENTS:** _____

NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES, RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.

Section XII PREVIOUS INSURANCE & LOSS INFORMATION

1. Have you had coverage cancelled or refused in the past 5 years? Yes No
2. Have you had any losses in the last 5 years? Yes No
If yes, please supply approximate dates, description of loss, and amount of any medical payments made: _____
3. Are you currently insured? Yes No; If yes, with what Company? _____ Policy # _____
If no, who was the last Company you had coverage with? _____ Agent _____
What was the expiration date of coverage? _____ What was the prior limit of coverage? _____
How much was the prior premium? _____
Please provide a hard copy of Loss Run History for prior 3 years.
4. ADDITIONAL INFORMATION & COMMENTS: _____

Section XIII GENERAL LIABILITY COVERAGE LIMITS

REQUESTED LIMITS OF LIABILITY (Please Check Only The Limit You Are Applying For):

- \$300,000 Occurrence & Aggregate (The Aggregate Limit Is the Maximum Paid Out Per Policy Period)
 - \$500,000 Occurrence & Aggregate
 - \$1,000,000 Occurrence & Aggregate
- Coverage H: Bodily Injury and Property Damage Liability

Section XIV

Check	Suggested Documents to Obtain a Quote for Insurance:	
<input type="checkbox"/>	Signed, Completed application	
<input type="checkbox"/>	Sample releases	
<input type="checkbox"/>	All advertising material	
<input type="checkbox"/>	5-year Loss history from prior insurance company	
<input type="checkbox"/>	Pictures: Fencing, Public areas, Horse areas, Carriages, Tack, Safety & Warning signs etc.	

ADDITIONAL COMMENTS: _____

OPTIONAL COVERAGES AVAILABLE:

- Care, Custody or Control Coverage--contact our office for an application
- Personal & Advertising Injury

Please sign and date the application after reading the Fraud Notices.

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 (\$5,000) and the stated value for each such violation.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subject the person to criminal and civil penalties.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

How did you hear about us? (Circle one)

YAHOO GOOGLE MAGAZINE

REFERRAL (Name: _____)

Can we send you information on:

<input type="checkbox"/> Equine Mortality/Theft	<input type="checkbox"/> Major Medical: (Includes Surgery) (Circle Limit): \$5,000 \$7,500
<input type="checkbox"/> Agreed Value/Guaranteed Renewal	<input type="checkbox"/> Surgical only (Circle Limit) \$2,500 \$5,000 \$7,500 \$10,000
<input type="checkbox"/> Accidental Loss of Use #1	<input type="checkbox"/> Loss of Use #2

M3644.DOC-1205

All applications must be signed and dated

Date	Signature of Applicant
Date	Signature of Co- Applicant



Agri-Risk Services, Inc.
7540 W. 160th Street, Suite 100
Overland Park, KS 66085

Toll Free: 800-821-5558
Fax: 913-897-1444
Website: www.agririsk.com

CARRIAGE - SLEIGH - WAGON RIDE RECOMMENDED GUIDELINES

The following recommended guidelines have been established for this program:

- 1) All vehicles will have slow moving caution symbols and reflectors displayed on them.
- 2) All vehicles will have hydraulic or approved mechanical brakes.
*Exceptions may be made on authentic antique vehicles which historically have no brakes.
- 3) Employed drivers will operate all teams or vehicles at all times. The minimum driver age is 24 years unless the individual has exceptional experience. All drivers must have at least two years driving experience.
- 4) A helper is to accompany the driver for all animal drawn wagons with six passengers or more and all tractor or vehicle drawn wagons with twelve passengers or more.
- 5) An out-walker is used for each animal drawn unit in a parade or crowd situation.
- 6) No alcohol is allowed on board the unit.
- 7) Passengers must be seated while the vehicle is in motion.
- 8) Hay wagons are to have sideboards at least two feet above the seating level and have controlled access and egress ways.
- 9) A driver or assistant must be seated in the driver's seat while loading and unloading passengers from the animal drawn wagons to control sudden movements of the animal. All passengers should face the vehicle while being assisted in and out of the vehicle.
- 10) Lights are used on the front and the back of motorized vehicles pulling hay wagons.
- 11) All harnesses are to be in excellent condition and inspected prior to each use.
- 12) All employees will be fully informed of these recommendations and will agree to enforce them.

Applicant's Signature

Date

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Overland Park, KS 66085

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PONY RIDE/PETTING ZOO RECOMMENDED GUIDELINES

The following recommended guidelines have been established for this program:

- 1) The activity must be under the direct supervision of the Insured.
- 2) All pony rides will be hand led or in an enclosed area.
- 3) Side-walkers utilized for children under the age of four.
- 4) Double riding or bareback riding not allowed.
- 5) All tack must be in excellent condition and inspected prior to each use.
- 6) Children may not be secured/strapped to the horse/pony in any way.
- 7) Petting zoos must contain a hand-washing station:
 - a) Within 100 feet of animals exhibited
 - b) Containing running water—not sanitizing wipes alone.
 - c) Utilizing a clearly visible sign at the entrance of the facility informing patrons of the presence and importance of the hand-washing station.
- 8) All employees will be fully informed of these recommendations and will agree to enforce them.

Applicant's Signature

Date

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GUIDED TRAIL RIDE RECOMMENDED GUIDELINES

The following recommended guidelines have been established for this program:

- 1) A waiver & release of liability, recognizing the dangers of horseback riding will be signed by and obtained from all riders. If the rider is under legal age, a parent or legal guardian will also sign the form.
- 2) The minimum age for riders is six years.
- 3) All riders will be matched to horses according to aptitude, ability and size. Each rider will properly fit into his/her saddle and stirrups.
- 4) Only one rider per horse is allowed.
- 5) Riders will be carefully screened to ensure that each rider is physically and mentally fit to ride a horse.
- 6) Elementary riding safety will be explained to all riders, including how to control a runaway horse.
- 7) No sick horses or stallions may be ridden.
- 8) All tack must be in excellent condition and inspected prior to each use.
- 9) All riders will be accompanied by a guide with a ratio not to exceed six riders to one guide.
- 10) The gait on a trail ride must not exceed a trot.
- 11) Riders must not dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article.
- 12) The minimum age for each guide is 24 years. Younger guides may accompany an older guide. All guides will be employed by the stable and have at least two years horse guiding experience. All guides must have current first aid training from an accredited source (EMT or Red Cross).
- 13) Riding helmets will be made available to all riders. Riders declining helmet use must sign a waiver and release of liability which includes a statement regarding their knowledge of the dangers of riding without a helmet. Everyone under the age of eighteen must wear a helmet.
- 14) There shall be at least one functional set of two-way radios or cellular phones on each ride.
- 15) All employees will be fully informed of these recommendations and will agree to enforce them.

Applicant's Signature

Date