



## Supplemental Form: Optional Activities

Complete and Return **ONLY** if applicable

Please complete only the section(s) which apply to your activities, complete both sides and sign

### **NOTE: EXPOSURES NOT DECLARED ARE NOT COVERED.**

1. Name of Insured: \_\_\_\_\_ Email address: \_\_\_\_\_ Client Code: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

### **Pony/Horse Rides**

**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.**

1. Number of Ponies: \_\_\_\_\_ Estimated number of riders: \_\_\_\_\_
2. Minimum age of riders \_\_\_\_\_ Are the parents present during the ride? \_\_\_ Yes \_\_\_ No
3. Do you operate your Pony Ride operations under another name? \_\_\_ Yes \_\_\_ No Details if "Yes" \_\_\_\_\_
4. Do you offer Pony Ride operations in cooperation with other organizations? \_\_\_ Yes \_\_\_ No Details if "Yes" \_\_\_\_\_
5. How many years experience giving Pony Rides? \_\_\_\_\_
6. Ride Details: Ride is \_\_\_ In a Ring \_\_\_ Handled (Side-walkers) \_\_\_ Pony Carousel (Merry go round) \_\_\_ Other \_\_\_\_\_  
Length of Ride is: \_\_\_\_\_ Are the riders required to wear any safety gear? \_\_\_ Yes \_\_\_ No  
Are any belts, ties, or other restraints (saddle) used? \_\_\_ Yes \_\_\_ No If yes please give details.  
Other Details: \_\_\_\_\_
7. Are all Pony Rides conducted in an enclosed area? \_\_\_ Yes \_\_\_ No
8. Type of enclosure is: \_\_\_ Round Pen \_\_\_ Small Arena \_\_\_ Small Paddock (less than 1/2 acre) \_\_\_ Other Please describe enclosure/fencing: \_\_\_\_\_
9. Do you offer other activities to Pony Ride participants? \_\_\_ Yes \_\_\_ No Details if "Yes" \_\_\_\_\_
10. Do you secure a signed release from all riders (parents or guardians)? \_\_\_ Yes \_\_\_ No  
**EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
11. Do you supervise all pony rides? \_\_\_ Yes \_\_\_ No Is a riding instructor always present? \_\_\_ Yes \_\_\_ No
12. What are the annual gross receipts for this activity: \_\_\_\_\_. Average charge per Pony Ride given: \$ \_\_\_\_\_
13. Date of first ride for which coverage is desired: \_\_\_\_\_ (mo/day/yr) Date of last ride: \_\_\_\_\_ (mo/day/yr)
14. Estimated # of pony rides per year? \_\_\_\_\_
15. Maximum # of ponies used at any one time: \_\_\_\_\_

### **Horse Sales (A sample Bill of Sale/Hold Harmless Agreement must accompany this form prior to receiving a quote)**

1. What are the annual gross receipts for this exposure? \_\_\_\_\_
2. Give the estimated number of horses sold annually? \_\_\_\_\_
3. Is the buyer allowed to test ride? \_\_\_ Yes \_\_\_ No If "Yes," type of test ride given: \_\_\_ Open field \_\_\_ Arena \_\_\_ Other: \_\_\_\_\_
4. Is supervision provided during the test ride? \_\_\_ Yes \_\_\_ No
5. Are waivers signed for all test rides? \_\_\_ Yes \_\_\_ No

6. Do you sell horses for others (agent/broker) \_\_\_\_ Yes \_\_\_\_ No If yes, It is MANDATORY that you use a Hold Harmless Agreement
7. Give the number of horses sold that are: owned by you \_\_\_\_\_ owned by others \_\_\_\_\_
8. Do you give any representations, guarantees or warranties? Please give details \_\_\_\_\_
9. What are the average values of the horses you will be selling? \_\_\_\_\_ Maximum Value \_\_\_\_\_

#### Day Camps

**Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration.**

**Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration.**

**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.**

1. Do you operate your Equestrian Day Camp operations under another name? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
3. How many years experience with Day Camps: \_\_\_\_\_ Average cost per camper per session: \$ \_\_\_\_\_
4. What are the age groups of those attending? \_\_\_\_\_ Are helmets required? \_\_\_\_\_
5. Are any belts, ties, or other restraints (saddle) used? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
6. Minimum age of Campers: \_\_\_\_\_
7. 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. \_\_\_\_\_
8. Number of campers per session/camp? \_\_\_\_\_ Numbers of days per session/camp? \_\_\_\_\_ Number of sessions/camps per year? \_\_\_\_
9. Purpose of camp? \_\_\_\_\_
10. What is the number of trainers per student? \_\_\_\_\_. What is the minimum age of trainers? \_\_\_\_\_
11. What type of training do the trainers receive? \_\_\_\_\_
12. How long have your trainers worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
13. Are all rides conducted in an enclosed area? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
14. Type of enclosure is: \_\_\_\_ Round Pen \_\_\_\_ Small Arena \_\_\_\_ Small Paddock (less than 1/2 acre) \_\_\_\_ Other \_\_\_\_\_  
Please describe enclosure/fencing: \_\_\_\_\_
15. Is liquor served at any time during the camp? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
16. Is this an overnight camp? \_\_\_\_ Yes \_\_\_\_ No What are the camp hours: \_\_\_\_\_ Number of chaperones \_\_\_\_\_  
Describe the housing accommodations which you provide or the camper's provide: \_\_\_\_\_  
Who are the chaperones for overnight camps: \_\_\_\_\_  
Describe all overnight and any off premises activities: \_\_\_\_\_
17. What kinds of background checks are performed on employees? \_\_\_\_\_
18. Do you serve or prepare meals for participants? \_\_\_\_ Yes \_\_\_\_ No
19. Do you get signed waivers or hold harmless agreements? \_\_\_\_ Yes \_\_\_\_ No Please attach a copy  
**EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
20. Are any camp services provided by non-employees? Please describe: \_\_\_\_\_
21. For what dates do you desire coverage? \_\_\_\_\_
22. Do you permit early drop off and/or late pick up of campers? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
23. Do campers have access to trampolines, climbing apparatuses, or other equipment? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
24. Do you have any off premises activities? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
25. List activities conducted other than equine related (i.e. swimming pool): \_\_\_\_\_
26. Is there a swimming pool? \_\_\_\_ Yes \_\_\_\_ No If yes **Please note we do not cover liability arising from the use of swimming pools.**
27. List all Equestrian Day Camp activities: \_\_\_\_\_
28. What is the gross annual receipts for this activity? \_\_\_\_\_

28. Are there any campers who are physically or emotionally handicapped? \_\_\_\_ Yes \_\_\_\_ No
29. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of child abuse? \_\_\_\_ Yes \_\_\_\_ No
30. Are medications kept and distributed to children with prescription/non-prescription needs? \_\_\_\_ Yes \_\_\_\_ No
31. Campers are under adult supervision at all times. If children are not in the direct vision of adults, are adults aware of where they are and what they are doing? \_\_\_\_ Yes \_\_\_\_ No
32. All equipment and buildings are maintained in a safe, clean condition and in good repair. Indoor and outdoor environments are safe, clean and spacious. \_\_\_\_ Yes \_\_\_\_ No
33. How many fire extinguishers in the building in which the campers will be conducting activities? \_\_\_\_\_
34. All poisonous/toxic materials are kept under lock and key and out of children's reach? \_\_\_\_ Yes \_\_\_\_ No
35. Do you provide transportation for campers for any reason? \_\_\_\_ Yes \_\_\_\_ No If yes, details: \_\_\_\_\_
- (If yes, we will require a Certificate of Insurance from your auto insurance carrier and complete driver information on all drivers.)

### Horse Drawn Vehicle Rides

**Only equine operations providing horse drawn vehicle rides as an incident part of their overall equine operations will be considered for coverage.**

**Horse Drawn Vehicle Rides given primarily on metropolitan roads are not eligible for coverage consideration.**

1. Do you operate your Horse Drawn Vehicle Ride operations under another name? \_\_\_\_ Yes \_\_\_\_ No If yes, detail \_\_\_\_\_
2. Years' experience giving Horse Drawn Vehicle Rides: \_\_\_\_\_ Years at this location: \_\_\_\_\_
3. Indicate the type of ride: \_\_\_\_ Wagon/Carriage Ride \_\_\_\_ Sleigh Rides \_\_\_\_ Hay Ride \_\_\_\_ Haunted Hay Ride \_\_\_\_ Other \_\_\_\_\_
4. Who is involved in Carriage Rides? \_\_\_\_ Applicant \_\_\_\_ Spouse \_\_\_\_ Children (under 16) \_\_\_\_  
Other \_\_\_\_\_
5. How many wagons, sleds or carriages are used? \_\_\_\_\_ Maximum Number of Passengers? \_\_\_\_\_ Maximum number of Horses per vehicle? \_\_\_\_\_
6. Sleigh or carriage is drawn by: \_\_\_\_ Horse \_\_\_\_ Horse Team \_\_\_\_ Other: \_\_\_\_\_
7. Type of wagon/sleigh used: \_\_\_\_\_
8. Age of wagon/sleigh? \_\_\_\_\_ Who maintains the wagon/sleigh and how often? \_\_\_\_\_
9. Are nighttime rides given? \_\_\_\_ Yes \_\_\_\_ No If yes, does wagon/sleigh have the following equipment?  
\_\_\_\_ Lights \_\_\_\_ Reflectors \_\_\_\_ Hydraulic brakes \_\_\_\_ Slow moving emblems \_\_\_\_ Ladder \_\_\_\_ Mobile Stairs \_\_\_\_ Other: \_\_\_\_\_
10. Are rides given on, or cross over, public roads? \_\_\_\_ Yes \_\_\_\_ No
11. Are rides given on City and/or Metropolitan roads? \_\_\_\_ Yes \_\_\_\_ No
12. Do you have any rides off premises? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_
13. Do you ever drive in parades? \_\_\_\_ Yes \_\_\_\_ No Number of parades driven in annually: \_\_\_\_\_  
Please provide parade names, dates, locations and describe parade size: \_\_\_\_\_  
Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc. \_\_\_\_\_  
Describe any promotional or advertising material you display on your vehicles in parades: \_\_\_\_\_
14. What is the date of desired coverage? \_\_\_\_\_
15. What is the gross annual receipts for this activity? \_\_\_\_\_
16. Is liquor served or allowed at rides? Please give details: \_\_\_\_\_
17. Do you get signed waivers or hold harmless agreements? \_\_\_\_ Yes \_\_\_\_ No Please attach a copy  
**(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE  
ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD  
HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.)**
18. Average number of times rides given per week? \_\_\_\_\_
19. What special events are rides given for? \_\_\_\_\_
20. Do you offer other activities to ride participants? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_

**Guided Trail Riding Not part of a Lesson/Instruction to the public**

**Only equine operations providing guided trail riding as an incidental part of their overall equine operations will be considered for coverage.**

1. Average number of horses used for any one trail ride: \_\_\_\_\_ Maximum number of horses used on any one trail ride: \_\_\_\_\_
2. Do any rides occur overnight? \_\_\_\_ Yes \_\_\_\_ No
3. Describe the housing accommodations which you provide or the campers provide: \_\_\_\_\_  
Who are the chaperones for overnight rides: \_\_\_\_\_  
Describe all overnight activities: \_\_\_\_\_
4. Is liquor served at any time during an overnight ride? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details \_\_\_\_\_
5. Do you serve or prepare meals for riders? \_\_\_\_ Yes \_\_\_\_ No
6. Wrangler/Guide/Instructor ratio to riders: \_\_\_\_\_ ; \_\_\_\_\_
7. What type of training do the Wrangler/Guide/Instructors receive? \_\_\_\_\_
8. How long have your Wrangler/Guide/Instructors worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
9. What is the minimum age of a Wrangler/Guide/Instructor? \_\_\_\_\_
10. When is a second wrangler/guide/instructor used/added? \_\_\_\_\_
11. Age of riders: \_\_\_\_\_ Minimum age of riders: \_\_\_\_\_
12. Does wrangler/guide/instructor hand lead any horses during the ride? \_\_\_\_ Yes \_\_\_\_ No If yes please explain \_\_\_\_\_
13. Is double riding allowed at any time? \_\_\_\_ Yes \_\_\_\_ No If yes please explain \_\_\_\_\_
14. Is a signed waiver/release used for all riders? \_\_\_\_ Yes \_\_\_\_ No If yes please attach a copy ( **EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR ITS LEGALITIES OR VALIDITY.**)
15. Are trail rides for: \_\_\_\_ Riding students \_\_\_\_ General Public
16. Is cantering, loping, or galloping allowed for riders? \_\_\_\_ Yes \_\_\_\_ No If yes please explain \_\_\_\_\_
17. Annual gross receipts for trail ride operation: \$ \_\_\_\_\_
18. Trail rides last: \_\_\_\_ 1 hour \_\_\_\_ 1 1/2 hour \_\_\_\_ 2 hours \_\_\_\_ Longer than 2 hours. If longer than 2 hours please advise of specifics of trail ride \_\_\_\_\_
19. Dates of trail ride operations: \_\_\_\_\_ to \_\_\_\_\_
20. Who maintains the trails? \_\_\_\_\_ Who owns the trail property? \_\_\_\_\_
21. Do you offer other activities to ride participants? \_\_\_\_ Yes \_\_\_\_ No If yes, give the details: \_\_\_\_\_

**FRAUD WARNING NOTICES**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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 DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**NOTICE TO LOUISIANA 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 MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 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.

The insurer shall not offer an optional extension period for this policy in New Mexico.

**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:** 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 who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

**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 subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**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 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 (\$5,000) and the stated value of the claim for each such violation.

**THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.**

**THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.**

**NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.**

**THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I would like to be contacted by an agent about a quote for equine mortality/major medical insurance:**

Yes  No

Please note that your insurance will be placed under a facility whereby a Profit Commission may be payable to Equisure by the Insurer. Equisure will be paid a commission by the Insurer for the administration of this insurance policy.