

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

3.4. Please indicate yes for all equestrian activities that apply to the applicant individual/business (s) or facility applying for insurance coverage, or No:

_____ Judge	_____ Professional Rider/Driver
_____ Show Official/Manager	_____ Course Designer
_____ Riding Instructor	_____ Steward
_____ Technical Delegate	_____ Groom
_____ Clinician	
_____ Horse Trainer (without overnight boarding)	_____ Horse Trainer (with overnight boarding)
_____ Trail Riding to regular weekly or monthly students (includes arena instruction)	
_____ Other (describe _____)	

3.5. If yes to clinician in 3.4, how many clinic days per year? _____ NOTE: Clinics are defined as events outside of regularly scheduled sessions/lessons/activities with reoccurring clients/students.

3.6. Estimated average number of years' experience performing the equine activities noted in 3.4? _____

3.7. Total Monthly Number of Clients + Students/Participants + Horses (in training) for applicant and any assistant's trainers/instructors (a student having weekly lessons only counts as one student per month):

_____ 0-15 _____ 16-29 _____ 30-49 _____ 50-100 _____ 101+ (submit for rate)

3.8. Indicate "Yes" for any equine assisted activities that apply to your program

_____ Equine Assisted Activities (EAA)	_____ Equine Assisted Learning (EAL)
_____ Interactive Vaulting	_____ Therapeutic Driving
_____ Therapeutic Riding	_____ Equine Facilitated Learning
_____ Therapeutic Services including Developing Equestrian Skills	
_____ Other _____	

3.9. Indicate "Yes" for any equine assisted therapies that apply to your program

_____ Equine Assisted Therapy (EAT)	_____ Equine Facilitated Psychotherapy (EFP)
_____ Hippotherapy	
_____ Other _____	

If yes to any therapies listed in 3.9, a copy of the professional/malpractice liability declaration insurance page covering this work must be provided with your application. This includes any assistants/staff/contractors, licensed/certified mental health care professional(s) or licensed clinical professionals.

Note: No coverage is provided under the policy to which you are applying, for the professional/malpractice liability of licensed clinical work.

Note: No coverage is provided under the policy to which you are applying, for the transportation of participants or volunteers. No auto liability is provided by this policy.

3.10. Total Gross Annual Receipts (GAR) including Donations (before expenses) for all equestrian exposures, including EAAT Activities and Traditional Instruction/Training listed in question #3.4 above. **Please exclude boarding receipts.**

_____ \$0-50,000 _____ \$50,001-\$100,000 _____ \$100,001-150,000
 _____ \$150,001-\$200,000 _____ \$200,001+ _____ {Must provide actual GAR if over \$200,001}

3.11. The equine activities declared on this application are provided by:

_____ Applicant Only _____ Assistants (employees) _____ Other: Explain _____

3.12. Do you use Assistants and/or Staff to help with any of your equestrian activities? _____ Yes _____ No

3.12.1. If Yes, how many? _____ Are your assistants/staff 16 or older? _____ Yes _____ No

3.12.2. If Yes, list names and addresses below

3.13. Do you use Volunteers and/or Working Students for any of your Equine Activities? Yes No
IF Yes, how many volunteers and/or working students on average per month?
 1-6 7-12 13-18 19-24 25-50 50+

3.14. Do volunteers or working students receive any remuneration for their services to you? Yes No If yes, explain

Please Note: Injury to an employee/assistant(s), working students or volunteer(s) while acting on behalf of the applicant is excluded.

3.15. Do you have Workers Compensation insurance? Yes No

[Please Note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.]

3.16. Is proper safety equipment required for use by all participants? Yes No

3.17. Boarding: Yes, I am responsible for non-owned horses in my care overnight.

No, I am not responsible for non-owned horses in my care overnight.

3.18. If Yes, Average # of Non-owned horses boarded monthly: 1-15 16-25 26-35 36-45
 46-55 56-99 100+

3.19. If Yes, Provide Gross Annual Receipts for All Boarding ONLY \$ _____ (Note: If "none" indicate as \$0.00)

3.20. Are you responsible for non-owned horses overnight at shows? Yes No If yes, # of non-owned horses. _____

3.21. What is the Maximum value of any Non-Owned/Boarded Horse in your care, custody, control? \$ _____

3.22. Does applicant have other insurance for boarding? Yes No

If Yes, Provide: Carrier _____ Policy # _____ Effective Date _____

3.23. Do you wish to include boarding coverage on this policy? Yes No

3.24. Breeding Yes No

3.24.1. If Yes, is applicant responsible for non-owned horse(s) during breeding? Yes No

3.24.2. If Yes, Gross Annual Receipts for Breeding: \$ _____ (Note: if "none" indicate as \$0.00)

3.25. Does the applicant supply food, manufacture and/or repair any goods sold? Yes No

IF yes, describe _____ (Please Note: If yes, no products liability will be provided by this policy)

3.26. Do you obtain a release signed by boarders, student and volunteers relieving you of claims for bodily injury & property damage?

Yes No **If yes, a copy must accompany this application**

MANDATORY REQUIREMENT: A copy of the equestrian release/waiver form used in your business must accompany this application. Equisure's receipt of such release/waiver form and subsequent possible issuance of a policy does not mean that Equisure has evaluated such release/waiver for its legalities or validity. Note: Liability Release should release the applicant and/or the business name of the applicant from liability. Copy Attached? Yes No

Note: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

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SECTION 4: ADDITIONAL EQUINE ACTIVITIES AND LIABILITY EXPOSURES

NOTE: Coverage for selected activities requires Underwriting approval.

4.1. Additional equine activities (indicate Yes for all that apply or No) - Applicable supplemental questionnaire obtained from Equisure must be completed in order to receive a quote. Coverage for selected activities requires underwriting approval.

_____ Pony Rides	_____ Horse Drawn Vehicle Rides
_____ Day Camps	_____ Horse Sales
_____ Trail Riding to client impromptu or scheduled not your regular student (short lesson or video)	
_____ Other (describe) _____	

Do you wish to obtain a quote for the above activities? ___ Yes ___ No (If Yes, a supplemental application is required, or you can download the supplemental application(s) from our website: www.equisure-inc.com, and forward along with this application. If No, these equine activities will be excluded from coverage.)

Note: This policy does not provide coverage for the above activities until properly endorsed. The above activities will be excluded from the policy until receipt of supplemental application, underwriter approval, and receipt of additional premium.

4.2. Does applicant lease/own any ATV, Golf Cart or other off-road (non-licensed) vehicles for use in equestrian activities listed on this application? ___ Yes ___ No

If Yes, do you wish to receive a quote for Liability coverage only? [Physical damage is not available] ___ Yes ___ No

If Yes, indicate number and type of vehicles: _____

Explain use of the vehicles: _____

NOTE: If purchased liability coverage only applies during the declared equine activities.

NOTE: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or property damage caused by an unlicensed operator or any operator 16 years old or younger.

SECTION 5: INSURANCE HISTORY

5.1. Have you previously had insurance? ___ Yes ___ No If yes, please list the prior insurance carrier for your equine related activities:
Carrier Name: _____

Did this carrier offer renewal of your policy? ___ Yes ___ No If no, why was the policy not renewed?

5.2. Has the applicant had any losses/claims within the past 3 years? ___ Yes Losses/Claims ___ No Losses/Claims (If yes, on a separate page provide details of any loss(es) or claims including dates, details and amount paid within the past 3 years).

SECTION 6: PERSONAL EQUINE LIABILITY OPTION ___ YES ___ NO

Declared Private Owned Horses (OWNED or LEASED 100% BY THE APPLICANT)

Application must be submitted for a rate if you own/lease more than four horses.)

HORSE NAME	SEX	USE	AGE	REGISTRATION/ COLOR/MARKINGS	BREED

CHANGES MADE TO THE DECLARED OWNED/LEASED HORSES DURING THE POLICY TERM NEED TO BE MADE IN WRITING.

PONY RIDES: Check if NO exposure ___

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. Maximum Number of Ponies used at any one time: _____ 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

If YES, please detail: _____

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4. Do you offer Pony Ride operations in cooperation with other organizations? Yes No
If YES, please detail: _____
5. How many years' experience giving Pony Rides? _____
6. Ride is; *check all that apply* In a Ring Handled (Side-walkers) Pony Carousel (Merry go round) Other _____
7. Length of Pony 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 detail: _____
8. Are all Pony Rides conducted in an enclosed area? Yes No If NO, please detail: _____
9. Type of enclosure is: Round Pen Small Arena Paddock (less than 1/2 acre) Other _____
10. Please describe enclosure/fencing: _____
11. Do you offer *other* activities to Pony Ride participants? Yes No If YES, please detail: _____
12. Do you secure a signed release from all riders (parents or guardian? 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.)
13. Do you supervise all pony rides? Yes No If NO, please detail: _____
14. Is a riding instructor always present? Yes No If NO, please detail: _____
15. What are the annual gross receipts for this activity? \$ _____ Average charge per Pony Ride: \$ _____
16. Estimated # of pony ride days per year? _____

DAY CAMPS: Check if NO Exposure

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 Day Camp must be received in our office prior to the commencement of the Day Camp. 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 operation under another name? Yes No
If YES, please detail: _____
2. Do you offer your Equestrian Day Camp operations in cooperation with other organizations? Yes No
If YES, provide details: _____
3. How many years' experience with Day Camps: _____ Average Cost per camper per session: \$ _____
4. What are the gross annual receipts expected from Day Camps? \$ _____
5. Expected Dates of Day Camps for the year: _____
6. What are the age groups of those attending? _____ Are Helmets required? Yes No
7. Are any belts, ties, or other restraints used? Yes No If YES, provide details: _____
8. List all Equestrian Day Camp Activities: _____
9. Minimum age of Campers: _____
10. Are all Day Campers regular students in your riding lesson program? Yes No If NO provide approximately how many are NOT your regular students: _____
11. Number of campers per session/Camp? _____ Number of Days per Camp? _____ Number of camps per year? _____
12. Purpose of camp? _____
13. What is the number of counselors per students? _____ Minimum age of trainers? _____
14. What type of training do the counselors receive? _____
15. How long have your counselors worked for your operation? Average: _____ Minimum: _____ Maximum: _____
16. Names of all counselors: _____
17. Are all rides conducted in an enclosed arena? check all that apply Round Pen Small Arena Small Paddock (less than 1/2 acre) Other describe: _____
Describe enclosure fencing: _____
18. Is liquor served at any time during the camp? Yes No
If YES, provide details: _____
19. Is this an Overnight Camp? Yes No What are the Camp hours? _____

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We require proof of current Molestation Policy

If overnight, please provide the following:

Number of Chaperones: _____ Age range of Chaperones: _____

Name & Ages of Chaperones: _____

Describe all overnight and any off-premises activities: _____

20. What type of background checks are performed on counselors/employees? _____

21. Do you serve or prepare meals for participants? Yes No

If YES please detail _____

22. Do you get signed waivers/hold harmless release agreements? Yes No **If YES copy is required.**

(EQUISURE'S RECEIPT OF SUCH WAIVER/HOLD HARMLESS AGREEMENT AND SUBSEQUENT POSSIBLE ISSUEANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH WAIVER/HOLD HARMLESS AGREEMENTS FOR ITS LEGALITIES OR VALIDITY.)

23. Are any camp services provided by non-employees? Yes No

If YES, please detail _____

24. Do you permit early drop off and/or late pick up of campers? Yes No

If YES, please detail _____

25. Do campers have access to trampolines, climbing apparatus, or other equipment? Yes No

If YES please detail _____

26. Do you have off premises activities? Yes No

If YES, please detail _____

27. List activities conducted other than Equine related (i.e. Swimming Pool): _____

Please note, we do not offer liability arising from the use of swimming pools.

28. Are any campers physically or emotionally handicapped? Yes No

If YES, please detail: _____

29. Is any camp counselor/employee/supervisor under investigation for, or has a previous record of child abuse? Yes No

30. Are campers under adult supervision at all times? Yes No

31. 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. Are all buildings and equipment maintained in a safe, clean condition and in good repair, and Indoor/Outdoor environments safe, clean and spacious? Yes No

If NO, please detail: _____

33. Do you provide transportation for campers for any reason? Yes No

If YES, please detail: _____

IF YES, WE REQUIRE A CERTIFICATE OF INSURANCE FROM YOUR AUTO INSURANCE CARRIER AND COMPLETE DRIVER INFORMATION ON ALL DRIVERS.

GUIDED TRAIL RIDES: Check if NO Exposure _____

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 If YES, please detail: _____

3. Describe the housing accommodations which you provide for the campers _____

4. Who are the chaperones for overnight rides? _____

5. Describe all overnight activities: _____

6. Is liquor served at any time during an overnight ride? Yes No

If YES, please detail: _____

7. Do you Serve or prepare meals for riders? Yes No

If YES, please detail: _____

8. Wrangler/Guide/Instructor ratio to riders: _____ : _____

9. What type of training do the Wrangler/Guide/Instructors receive? _____

10. How long have your Wrangler/Guide/Instructors worked for your operation? Average _____ Minimum _____ Maximum _____

11. What is age range of Wranglers/Guides/Instructors? _____

12. When is a second Wrangler/Guide/Instructor used? _____

13. Age of riders – Youngest _____ Oldest _____

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14. Does Wrangler/Guide/Instructor hand lead any horses during the ride? Yes No
If YES, please detail: _____
15. Is double riding allowed at any time? Yes No If YES, please detail: _____
16. 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 POSSILBE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUEATED SUCH WAIVER/HOLD HARMLESS AGREEMENT FOR IT'S LEGAILITIES OR VALIDITY.)
17. Are trail rides for: Lesson program for regular students General Public for an hourly fee
18. Is cantering, loping, or galloping allowed? Yes No
If YES, please detail: _____
19. Length of rides: 1 hour 1 ½ hours 2 hours Longer than 2 hours. If longer than 2 hours, please provide specifics of the longer trail ride: _____
20. Who maintains the trails? _____ Who owns the trail Property? _____
21. Other than trail riding, what other activities do you offer participants? _____
22. What other activities do you provide to ride participants? _____
23. Approximately how many trail ride days per year? _____
24. Gross Annual receipts estimated for trail rides: \$ _____

HORSE DRAWN VEHICLE RIDES: Check if NO Exposure

Horse Drawn Vehicle Rides given primarily on metropolitan roads, used as a taxi service and hired hourly by general public are not eligible for coverage consideration.

1. Do you operate you Horse Drawn Vehicle Rides under another name? Yes No
If YES, please detail: _____
2. Number of year's you have provided Horse Drawn Vehicle Rides? _____
3. Indicate the type of ride(s): Wagon/Carriage Ride Sleigh Rides Hay Rides Haunted Hay Rides
 Tractor Drawn Rides Other: _____
4. Who is involved in the rides?
 Applicant/Owner Spouse Children (under 16yrs) Employees Other: _____
5. How many wagons, sleds or carriages are used? _____ Max. # of passengers _____ Max. # 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 Steps
 Other: _____
10. Are rides given on, or cross over, public roads? Yes No If YES, please detail: _____
11. Are rides given on city and/or metropolitan roads? Yes No If YES, please detail: _____
12. Average number of days rides are given per week? _____
13. Do you have any rides off premises? Yes No If YES, please detail: _____
14. Do you ever drive in parades? Yes No If YES, Number of Parade days annually: _____
Parade Names: _____ Dates: _____ Locations: _____
Details on passengers, such as parade marshals, royalty, elected officials, etc: _____
15. What other events do you provide rides for? _____
16. Do you offer other activities to ride passengers? Yes No
If YES, please detail: _____
17. Is liquor served or allowed during a ride? Yes No
If YES, please detail: _____
18. Average number of ride days provided annually? _____
19. What are the gross annual receipts for this activity? \$ _____
20. Do you get signed waivers/hold harmless release agreements? Yes No If YES, a copy is required.

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HORSE SALES: Check if NO Exposure _____

A sample copy of your Bill of Sale used in horse sales transactions and a copy of your Hold Harmless agreement must accompany this form prior to receiving a quote.

1. What are your 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, provide type of test: ___ Open field ___ Arena
 ___ Other: _____
4. Is supervision provided during the test ride? ___ Yes ___ No If NO, please detail: _____
5. Are waivers signed for all test rides? ___ Yes ___ No If NO, it is MANDATORY that releases be signed by all testriders.
6. Do you sell horses for others (agent/broker)? ___ Yes ___ No If YES, it is MANDATORY that you use a Hold Harmless Agreement or coverage will be declined.
7. Provide the number of horses sold that are: Owned by you: _____ Owned by others: _____
8. Do you give any representations, guarantees or warranties? ___ Yes ___ No If YES, please detail: _____
9. What are the average values of the horses you sell? \$ _____ Maximum Value: \$ _____

PETTING ZOOS: Check if NO Exposure _____

LIST ANIMAL TYPES AND NUMBER IN THE ZOO:

<u>DOMESTIC/LIVESTOCK/WILDLIFE ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>WILD/EXOTIC ANIMALS</u>	<u>NUMBER OF ANIMALS</u>
<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>	<u>OTHER ANIMALS</u>	<u>NUMBER OF ANIMALS</u>

1. Total gross annual receipts – for petting zoo only (total amount of money received before subtracting taxes, costs or expenses) \$ _____
2. Do you transport any animals to another location for petting zoo purposes? ___ Yes ___ No
 a. If Yes, please describe and detail which animals. _____
3. Are all animals in pens or behind fences, separating them from visitors at all times? ___ Yes ___ No
 a. If No, which animals are allowed full contact with visitors? _____
4. Are visitors allowed to feed the animals? ___ Yes ___ No
 a. If Yes, which animals are visitors allowed to feed? _____
5. Are visitors required to sign liability waivers specific to the petting zoo? ___ Yes ___ No If Yes, please attach waiver.
6. Do you post information on safety & health precautions on site? ___ Yes ___ No
 a. If Yes, please detail. _____
7. Do you provide hand washing stations with running water and soap? ___ Yes ___ No
 a. If Yes, how many? _____ How frequently are stations checked and replenished? _____
 b. If No, please describe hand sanitation policy. _____

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8. Do you provide hand sanitizer? Yes No
9. Do you allow outside food or drink into the petting zoo? Yes No
10. Do you provide concessions of any kind? Yes No
a. If yes, provide total Gross Annual Receipts \$ _____
11. Are photos taken with animals by you or staff members for an additional fee? Yes No
a. If Yes, which animals can photos be taken with? _____
b. If Yes, provide total Gross Annual Receipts – for photos only. \$ _____
12. Do you allow strollers, pacifiers, baby bottles, spill-proof cups, or toys into the animal area? Yes No
13. Please detail the cleaning and disinfecting procedures of the petting zoo including frequency.

14. Do you allow visitors to ride any animals? Yes No If Yes, please complete Riding Information below

RIDING INFORMATION

15. Please list all animals' visitors can ride.

16. Total Gross Annual Receipts – from rides only (total amount of money received before subtracting taxes, costs or expenses). \$ _____
17. How many days in one calendar year are rides given? _____
18. What is the minimum age of riders? _____
19. Is it mandatory that parents are present during the entire ride? Yes No
20. Are riders required to wear any safety gear? Yes No
21. Are riders required to sign liability waivers? Yes No
22. Are all riders supervised by facility personnel? Yes No
23. Are all rides at the designated petting zoo location only? Yes No
If No, detail where rides take place. _____

DISCLAIMERS

- I. The applicant is required to keep records of the information we need for premium computation. At our discretion we may ask for copies to verify the risk information you have provided.
- II. This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

TERMS AND CONDITIONS

I acknowledge that this application is applicable to **Equine Assisted Activities Therapy Liability only**. I understand that no other coverage is included and that any additional coverage must be purchased separately. I acknowledge that I have read and agree to the following Terms and Conditions.

- I. All quotes provided are good faith estimates only and are based on information provided to us by the customer, and by the insurance companies quoting. All quotes are subject to underwriting rules and requirements, such as loss history. Various cancellation penalties and minimum earned premiums may apply.
- II. The insured expressly grants the agency the authority to cancel any or all policies in order to recover monies due because of non-payment of premium on any policy.
- III. It is imperative that all claims be reported promptly to the agency or the insurance company in writing.
- IV. The agency endeavors to explain coverages and available options but makes no claim or warranty that all possible coverages or options have been offered. It is the buyer's sole responsibility to judge the suitability of the insurance program for their purposes and to understand the limits, perils insured against, exclusions, and limitations of the policies they buy.
- V. All coverages are afforded by a written binder or by a company issued policy. No coverage is in force until written confirmation is received from the agency or the insurance company. All additions, deletions, or other changes must be issued by the insurance company to be valid.
- VI. The insurance policy is the contract between you and the insurance company. Read your policy and bring to your agent's attention any aspect that you do not understand, or any desired changes to limits or coverages.
- VII. Some policies have territorial limits of which you should make yourself aware if you do business or have business travel outside the territorial limits of the United States.
- VIII. Acceptance of this application by signature and by payment of premium constitutes acceptance of, understanding of, and agreement to these terms and conditions.

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FRAUD WARNING 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 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.



Authorized Signature

Date

Print Name

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.

CHECKLIST

- 1. Be sure to provide answers to ALL questions on this application.**
- 2. Sign and print your name above**
- 3. Complete the certificate request form, if needed, on page 10**
- 4. Attach your release or waiver**
- 5. Include State Affidavit if Applicable (see below)**

**If your Physical Address is in one of the following states additional information will be required prior to policy issuance:
AR, CA, CT, DE, FL, KS, MA, NC, NJ, NY, OH, RI, WV or WY**

EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) - NEW OR REWRITE BUSINESS

CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please type or print clearly.

ALL CERTIFICATES REQUESTED BELOW WILL BE EMAILED/MAILED TO THE APPLICANT ON THIS PAGE FOR DISTRIBUTION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN AGREED UPON.

Applicant Name: _____ **Email Address:** _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if certificate requires specific wording.

Certificate Holder Definitions

- **Additional Insured's**, if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim.
- **Proof of insurance** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage.

Please note we must have complete mailing addresses for either request.

CERTIFICATE HOLDER (<i>Select One</i>) <input type="checkbox"/> PROOF OF INSURANCE OR <input type="checkbox"/> ADDITIONAL INSURED (AI)
<i>Check all that apply:</i> <input type="checkbox"/> ASSISTANT/STAFF <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (<i>Select One</i>) <input type="checkbox"/> PROOF OF INSURANCE OR <input type="checkbox"/> ADDITIONAL INSURED (AI)
<i>Check all that apply:</i> <input type="checkbox"/> ASSISTANT/STAFF <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (<i>Select One</i>) <input type="checkbox"/> PROOF OF INSURANCE OR <input type="checkbox"/> ADDITIONAL INSURED (AI)
<i>Check all that apply:</i> <input type="checkbox"/> ASSISTANT/STAFF <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

BROKER EQUINE ASSISTED ACTIVITES THERAPY LIABILITY APPLICATION
LEFT BLANK FOR ADDITIONAL INFORMATION.