

EQUESTRIAN DAY CAMP SUPPLEMENTAL APPLICATION

Applicant: _____
Quote #: _____

Producer: _____ Number: _____
Desired Effective Date: _____

EQUESTRIAN DAY DAMPS

Yes No

How many years experience with Day Camps: _____

Are Safety Helmets mandatory: Yes No

All mounted equestrian activities must utilize Safety Helmets for coverage to be provided.

Other safety procedures (explain): _____

Are all riding activities in an enclosed area: Yes No

Type of enclosure: Round Pen Small Arena Small Paddock (Less than 1/2 acre)

All riding activities must be given in an enclosed area for coverage to be provided. Rope or Wire enclosures are not permitted.

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

No coverage is provided if children are fastened or tied to the saddle, pony, or horse.

Do you offer overnight camps: Yes No

No coverage to be provided for any overnight activities.

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

No coverage to be provided without signed waivers.

Estimate number of Day Campers per session: _____

Minimum age of Campers: _____

Give ratio of Counselors to Day Campers: _____

Minimum age of Counselors: _____

(Counselors must be at least 16 years old for coverage to be provided.)

Length of camp session: _____

Number of sessions per year: _____

List all Equestrian Day Camp Activities: _____

List all Non-Equestrian Day Camp Activities (subject to company acceptance): _____

ANNUAL GROSS REVENUES FROM EQUESTRIAN DAY CAMP ACTIVITIES

Day Camps: \$ _____ Other: (_____): \$ _____ Total Annual Gross Revenue: \$ _____
(Explain activity below.)

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____

Date: _____