

## Pony Rides Supplemental Application

Applicant: \_\_\_\_\_  
Quote #: \_\_\_\_\_

Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
Requested Effective Date: \_\_\_\_\_

**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.**

Do you operate your Pony Ride operations under another name? Yes  No   
If yes, please provide: \_\_\_\_\_

Do you offer your Pony Ride operations in cooperation with other organizations? Yes  No   
If yes, please provide name of organization and explain: \_\_\_\_\_

How many years experience giving Pony Rides: \_\_\_\_\_ Average charge per Pony Ride given: \$ \_\_\_\_\_

Are Safety Helmets mandatory? Yes  No   
Other safety procedures (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Are all Pony Rides conducted in an enclosed area? Yes  No

Type of enclosure:  Round Pen  Small Arena  Small Paddock (Less than 1/2 acre)  Other: \_\_\_\_\_  
Please describe enclosure/fencing: \_\_\_\_\_

Are all Pony Rides supervised by you or a qualified adult employee? Yes  No

Is a riding instructor present? Yes  No

Type of Pony Rides offered:  Carousel (Merry-Go-Round)  Handheld (Side-walkers)  Riding Arena  
 Other: \_\_\_\_\_

Maximum number of ponies used at one time: \_\_\_\_\_ Total Pony Rides per year: \_\_\_\_\_ Average Pony Rides per week: \_\_\_\_\_

Do you offer Pony Rides Off Premises? Yes  No

If yes, explain Off Premises Pony Ride activities and describe the locations Pony Rides are conducted at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of enclosure/fencing used Off Premises: \_\_\_\_\_

Do you offer other activities to Pony Ride participants? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.**

Annual Gross Revenue from Pony Rides: \$ \_\_\_\_\_

**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. I/We understand that this application is not a binder. I/We understand 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 and/or any Employer's Liability coverage.*

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_