

# PONY RIDES / HORSE DRAWN VEHICLE RIDES SUPPLEMENTAL APPLICATION

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

Producer: **DEBBIE TREADWELL** Number: \_\_\_\_\_  
 Desired Effective Date: \_\_\_\_\_

## PONY RIDES

Yes  No

**Only equine operations providing pony rides as part of their overall equine operations will be considered for coverage. Entertainment type pony ride operations are not eligible for coverage consideration.**

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

Are Safety Helmets mandatory: **All Pony Rides must utilize Safety Helmets for coverage to be provided.** Yes  No

Other safety procedures (explain): \_\_\_\_\_

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)

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

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

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

Maximum 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 used **OFF PREMISES**: \_\_\_\_\_

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

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

## HORSE DRAWN VEHICLE RIDES

Yes  No

**Only non-commercial horse drawn vehicle rides where the horse drawn vehicle ride represents less than 25% of the total equine risk will be considered for coverage. Horse Drawn Vehicle Rides given primarily on metropolitan roads are not eligible for coverage consideration.**

How many years experience giving Horse Drawn Vehicles Rides: \_\_\_\_\_ Years at this location: \_\_\_\_\_

Maximum Horse Drawn Rides given in one week: \_\_\_\_\_ Average Horse Drawn Rides given per week: \_\_\_\_\_

Are Vehicles used at night: Yes  No

Do all of your Horse Drawn Vehicles have the following equipment: Yes

Hydraulic Brakes  Lights  Reflectors  Slow Moving Emblems

Are any of your Rides given on, or cross over, public roads: Yes  No

Are any of your Rides given on City and/or Metropolitan Roads: Yes  No

If yes, give details: \_\_\_\_\_

Type of Horse Drawn Ride	Maximum Number of Vehicles in Use	Maximum Number of Horses Per Vehicle	Maximum Number of Passengers Per Vehicle
Hay Rides			
Sleigh or Sled			
Buggy, Carriage or Surrey			
Other:			

**ANNUAL GROSS REVENUES FROM:** Pony Rides: \$ \_\_\_\_\_ Horse Drawn Vehicle 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 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: