

Horse Drawn Vehicle Rides Supplemental Application

Applicant: _____ Producer: _____ Number: _____
 Quote #: _____ Requested Effective Date: _____

Only equine operations providing horse drawn vehicle rides as an incidental 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.

Do you operate your Horse Drawn Vehicle Ride operations under another name? Yes No

If yes, please provide: _____

Years experience giving Horse Drawn Vehicle Rides: _____ Years at this location: _____

Maximum number of Horse Drawn Vehicle Rides given in one week: _____ Average Horse Drawn Vehicle Rides given per week: _____

Are Vehicles used at night? Yes No

Please indicate if your Horse Drawn Vehicles have the following equipment:

Hydraulic Brakes Lights Reflectors Slow Moving Emblems Ladder Mobile stairs Other: _____

Comments: _____

Are Safety Helmets mandatory? Yes No

Other safety procedures (explain): _____

Are any of your Horse Drawn Vehicle Rides given on, or cross over, public roads? Yes No

Are any of your Horse Drawn Vehicle Rides given on City and/or Metropolitan Roads? Yes No

If yes, give details: _____

Do you offer Horse Drawn Vehicle Rides Off Premises? Yes No

If yes, explain Off Premises Horse Drawn Vehicle Rides activities and describe the locations Horse Drawn Vehicle Rides are conducted at: _____

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: _____

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

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

If yes, explain: _____

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Annual Gross Revenue from 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. 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: _____