



Stratus Insurance Services, Inc.
 260 South 2500 West, Suite 303
 Pleasant Grove, UT 84062
 Phone: 866-395-1308
 Fax: 801-763-1374

Application for Equine & other Horse Related Activities

(Please answer ALL questions. If questions do not apply, please indicate "NA")

-I- Applicant Information

Name of Business: _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Telephone: (____) _____ Fax: (____) _____

E-Mail: _____ Web Address: _____

Mailing Address, *if different*: _____ City: _____

State: _____ Zip: _____ Entity is: Individual Corp. Partnership LLC Other

-II- Insurance Coverage

Proposed Effective Date: ____/____/____ Liability Limits: \$500,000 \$1,000,000

Carrier & Claim Information:

Policy Period	Insurance Carrier	Liability Limit	Premium	Claims Paid

Has any insurance company on behalf of the operation ever been cancelled, declined or reused renewal? Yes No If "Yes", please provide details: _____

Do you know of any incident which may lead to a claim? Yes No If "Yes", describe: _____

On a separate sheet of paper, please provide details of all claims made (whether paid or not) under your liability, medical and/or accident policies over the past 5 years.

-III- Operations & Underwriting Information

Dates/Season of Operation: _____ to _____

What percent of your operation is on Forest Service, wilderness area or BLM land? _____%

Indicate the number of guides your operation had on any one day last year: _____ Please provide the following information on your guides:

Name	Age	Years Experience	First Aid Training
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

Has any guide been involved in an incident which resulted in a death or serious injury? Y N

If yes, please provide details on a separate sheet of paper.

Provide the information on those applicable areas of operation:

Operations	Gross Receipts	# of Horses
Guided Trail Rides		(Per Trip)
Board, Breeding, Training		(# Boarded)
Riding Instruction – Owned		(# Used)
Riding Instruction – Non-Owned		XXXXXXXXXXXXXXXXXX
Pony Rides		(# Used)
Independent Riding Instructors	XXXXXXXXXXXXXXXXXXXX	# of Instructors
Hay & Carriage Rides		XXXXXXXXXXXXXXXXXXXX
Care, Custody & Control	XXXXXXXXXXXXXXXXXXXX	See Chart
Horse, Tack or Concessions		XXXXXXXXXXXXXXXXXXXX
Pleasure, Show & Race	XXXXXXXXXXXXXXXXXXXX	(# of animals)
Riding Clubs	XXXXXXXXXXXXXXXXXXXX	(# of members)
Clinics & Shows	XXXXXXXXXXXXXXXXXXXX	(# of events)
Pack Horses		
Other:		
Total		

Care, Custody & Control:

Coverage Desired	Limit P/Horse	Max Loss P/Policy Year
	5,000	25,000
	5,000	50,000
	10,000	50,000
	10,000	100,000
	25,000	100,000
	25,000	250,000

Lodging:

Facility	Units/ Capacity	Gross Receipts
Lodging		
Sleeping Units/Cabins		
Restaurant		
Snack Bar		

-III- Operations & Underwriting Information Continued

Please provide a list of all **Safety Features** for your facility (signs, fencing, equipment , precautions, etc.): _____

Provide a descriptions of all operations not included above: _____

Attach any brochures and advertising materials for your operations

Do you own or operate any type of boat/watercraft? Yes No If yes, please provide details of type, length, horse power, usage, etc: _____

To what associations do you belong? _____

-IV- Additional Insured's

Name	Address	City	State	Zip	Relationship

-V- Conditions

1. All riders must be accompanied by a guide with a ratio not to exceed 8 riders to 1
2. The guides must explain elementary riding safety, including how to control a runaway horse, and also check to ensure that the rider is physically and mentally fit to ride a horse.
3. All riders must be matched to horses according to aptitude, ability, and size. No sick horses or stallions may be ridden. There will be one rider per horse. The minimum age for riders is 6 years old. Each rider must properly fit his/her saddle and his/her feet must properly fit into the stirrups. Overweight and young riders must be carefully screened by the stable manager for ability to safely ride.
4. If a rider drops anything from a horse, the guide should pick it up.
5. Experienced, gentle horses should be used. All horses must be saddled.
6. The cinches and latigos must be in excellent condition.
7. Gait should not exceed a trot.

EQUINE OPERATIONS WARRANTY

It is a condition of coverage that at any time Equine Activities are being conducted, **You** will comply with the following operational guidelines:

1. A boarding agreement will be used for all boarding of horses owned by others, and a copy of the form will be provided to the Company to be approved prior to the commencement of activities;
2. All applicable safety standards for the operations are to be followed at all times;
3. Employees must be properly trained and experienced in the operations, and must be experienced horsemen;
4. **You will** inspect all the equipment daily, prior to the commencement of activities. **You will** maintain and keep a written log of those procedures. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in activities. All equipment is to be checked by the insured or employees of the insured prior to use in compliance with any manufacturer recommendations and guidelines.
5. Operators, instructors and employees must be current in CPR and First Aid, possess all relevant skills and knowledge of Unit's operations, including but not limited to; following established guidelines and safe operating procedures, exhibit proficiency in emergency techniques, capable of following instructions for the proper use of safety equipment and able to notify medical personnel. In addition, they must be able to clearly and adequately instruct the participants of proper emergency procedures that is expected of participants.
6. Guides, instructors, operators and employees are required to abide by all local, state, and federal laws relevant to the activities.
7. All areas where participants are permitted must be maintained in excellent condition and repair at all times including boarding facilities or stables, stalls, and fencing;
8. Records of each activity must be maintained including applicable boarding agreements, waivers or releases of liability, incident reports, veterinary reports on boarded horses;
9. Riding helmet and safety equipment must be worn by all minors. Riding helmet and safety equipment must be offered to all riders. A "protective equestrian headgear refusal" waiver and release provided by **us**, recognizing the dangers of riding without such equipment must be signed by and obtained from each rider declining the use of one. A parent or guardian's signature must be obtained for riders under 18 years old declining to use a helmet.
10. The minimum age for riders is 8 years. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse must be allowed.
11. Insured will to the best of his ability determine the client's physical ability to participate in the activity.
12. Insured will continuously maintain control of all participants to avoid unsafe activities, and monitor clients to ensure their safety in the activity.
13. All employees will be fully informed of these requirements and agree to enforce them.
14. Passengers and equine participants shall be given a safety briefing prior to departure and before the equine activity commences. It is your responsibility to ensure that this safety briefing will be instructive, informative and capture the undivided attention of all participants and should include;
 - a) A description of the activity itself.

- b) The safety precautions while underway.
 - c) The procedure in the event of an unexpected emergency.
 - d) The proper use of hand signals where applicable.
 - e) Precluding any participants who appear to be afraid or intimidated prior to their activity
 - f) Elementary riding safety including how to control a runaway horse.
15. Under no circumstances will you conduct or permit any form of contest or racing event at any time.
 16. Double riding or bareback riding must not be allowed.
 17. All concessionaires / bona-fide sub-contractors must maintain their own insurance for liability as covered under this contract of insurance for amounts and terms not less than stated in the schedule of this contract of insurance.
 18. All contracts and other documentation required of this policy must be signed and maintained on file for no less than three (3) years including, but not limited to; (a) "Certificate of Understanding and Express Assumption of Risk", (b) waivers of liability, (c) incident / claim forms.

If you conduct Guided Trail Ride Operation/Activities, the additional requirements apply:

1. **You will** not conduct or permit any activity which is not a '**Guided Activity**'. Participants will be supervised at all times by a guide or an assistant guide with suitable experience at all times during activities.

Guided Activities means that the activity is under the continuous observation, control and supervision of the insured and / or the insured's qualified guides / employees.

2. Ensure that a properly marked 'Trail' is established and that such is (a) clearly marked and identified and (b) has been tested and approved by the guide as safe and suitable for guided trail rides and is not shared by the general public.
3. Riding helmets and safety equipment must be used by all riders under 16 years of age. Riding helmets and safety equipment must be offered to all riders. A "protective equestrian headgear refusal' waiver and release provided and approved by us, recognizing the dangers of riding without a helmet must be signed by and obtained from each rider declining the use of a helmet. A parent or guardian's signature must be obtained for riders under 18 years old declining to use a helmet.
4. The minimum age for riders is 8 years. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse must be allowed.
5. Only experienced and gentle horses must be used. Sick horses and stallions must not be ridden. All horses must be saddled and each horse must be fitted with its own set of tack that will not be changed from horse to horse.
6. Riders must be carefully checked to ensure that each rider is physically and mentally fit to ride a horse. The stable manager must carefully screen any overweight and/or young riders.
7. All riders must be accompanied by a guide with a ratio not to exceed six (6) riders to one (1) guide if the gait is trot or slower. Before exceeding a trot, riders must demonstrate riding experience or have ridden at the stable at least three times.
8. Riders must not dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article.
9. The minimum age for each guide is 24 years. Younger guides may accompany an older guide. All guides must be employed by the stable and have at least two years horse riding experience. All guides must have had first aid training. All guides must be current in CPR and First Aid, possess all relevant skills and knowledge of operations, including but not limited to; following established guidelines and safe operating procedures, exhibit proficiency in emergency techniques, capable of following instructions for the proper use of safety equipment and able to notify medical personnel. In addition, they must be able to clearly and adequately instruct the participants of proper emergency procedures that is expected of participants.

10. All saddles must be in good repair. The cinches and latigos are to be new or in excellent condition. One piece or tied reins must be utilized.
11. All guides or employees must be equipped at all times with a fully functional and sufficient VHF radio and/or other reliable communications; First Aid Kit, whistle and an emergency cell phone. All personnel must be aware of this equipment and how it is operated.
12. All employees will be fully informed of these requirements and agree to enforce them.

I certify that I do not conduct any Guided Trail Ride Operations/Activities

Failure to comply with any of these conditions of coverage shall automatically void the coverage provided by this policy

"I certify that I have read and agree to follow the above items listed in this warranty at all times "

My operations differ from the guidelines provided. (On a separate sheet of paper, please describe your safety, training or operational procedures that are different than this guideline)

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

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.

Ohio

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.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

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.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Print Insureds Name: _____

Date: ____/____/____

Insureds Signature: _____

Title: _____

Return Application:
Stratus Insurance Services, Inc.
260 South 2500 West, Suite 303
Pleasant Grove, UT 84062
Fax: 801-763-1374