

# EQUESTRIAN DAY CAMP SUPPLEMENTAL APPLICATION

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

Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
Desired Effective Date: \_\_\_\_\_

## EQUESTRIAN DAY CAMPS

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: \_\_\_\_\_