

Pony Rides Supplemental Application

Applicant: _____ Producer: _____ Number: _____
Quote #: _____ 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: _____