

**Equine Commercial General Liability**

**Argonaut Insurance Company**

Exclusively Underwritten By



Broker: **Athena Insurance and Financial Services** 209 223-1870

Broker License Number: **CA 0588228 | National 2709340**

Policy and/or Renewal #: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

**Note: Incomplete applications will be returned to the applicant.**

Applicant: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Ownership Structure:** Individual  Corporation  Association  Partnership

*Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.*

Use: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the applicant: Own  or Lease  Pay Plan Desired? Yes  No  **Ask your broker for more information.**

Is applicant currently insured? Yes  No

**Most recent or present insurance company:** \_\_\_\_\_ **Annual premium:** \$ \_\_\_\_\_

Has the applicant had any liability claims or reported incidents in the past five years? Yes  No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes  No

*Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.*

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes  No

*If yes, attach a separate sheet and explain.*

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes  No

*If yes, attach a separate sheet and explain.*

**Limits of Liability**

<b>Each Occurrence Limit (Select one)</b>		<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
<b>General Aggregate Limit</b>		<b>\$300,000</b>	<b>\$500,000</b>	<b>\$1,000,000</b>
Fire Damage Limit (Any one Fire)		\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000
<b>Double Aggregate Limit desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>\$600,000</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
<b>Triple Aggregate Limit desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>NA</b>	<b>NA</b>	<b>\$3,000,000</b>
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>				
<b>Excess Coverage desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)</i>		
<b>Excess limits (Each Occurrence and General Aggregate)</b>		\$1m <input type="checkbox"/>	\$2m <input type="checkbox"/>	\$3m <input type="checkbox"/> \$4m <input type="checkbox"/> \$5m <input type="checkbox"/>

**Optional Coverages – Subject to eligibility and underwriting approval.**

<b>Equine Personal Liability desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Products and Completed Operations desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Race Horse Owner's Liability desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Personal and Advertising Injury desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Equine Professional Liability desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Comprehensive Personal Liability desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(Only available with Farm Property coverage)</i>			

**Comprehensive Only Coverage (Only available with Farm Property coverage)**

<b>Comprehensive Personal Liability Coverage Only</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Only available with Farm Property coverage)</i>		
<b>Equine Personal Liability desired</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Each Occurrence Limit (Select one)</b>		<b>\$300,000</b> <input type="checkbox"/>	<b>\$500,000</b> <input type="checkbox"/>	<b>\$1,000,000</b> <input type="checkbox"/>
<b>General Aggregate Limit (Not available in Illinois)</b>		<b>\$600,000</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
Medical Payments (Any one Person)		\$5,000	\$5,000	\$5,000

**Additional Insureds**

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Summary of Equine Activities**

Description of your operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years experience with horses: \_\_\_\_\_ Professional years operating this type of an operation as a business: \_\_\_\_\_

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: \_\_\_\_\_  
\_\_\_\_\_

If you are not the primary manager, Manager's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years Exp: \_\_\_\_\_

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Riding Helmets are Required:**

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes  No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: \_\_\_\_\_  
\_\_\_\_\_

**Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.**

**Owned / Leased Horses**

Total number of horses you own: \_\_\_\_\_

Total number of horses you lease from others: \_\_\_\_\_

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): \_\_\_\_\_

Maximum number of horses you lease to others on premises: \_\_\_\_\_

Maximum number of horses you lease to others off premises: \_\_\_\_\_

Maximum number of horses used for **Riding Instruction / School Horses**: \_\_\_\_\_

Do you use any horses for driving, pulling, or work? Yes  No

If yes, please explain: \_\_\_\_\_

Do you own Race Horses? Yes  No  If yes, number of Race Horses owned: \_\_\_\_\_

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) \_\_\_\_\_

**Breeding** Yes  No  Average Stud Fee charged: \$ \_\_\_\_\_

Total number of stallions standing stud (Live and Artificial Insemination) on premises: \_\_\_\_\_

Total number of stallions, that you own or have partial ownership, standing at stud (Live and Artificial Insemination) off premises: \_\_\_\_\_

Total number of mares covered annually on premises: \_\_\_\_\_

Total number of mares, which you own, covered annually off premises: \_\_\_\_\_

**Boarding** Yes  No

What is the total number of horses boarded monthly: Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_ Average: \_\_\_\_\_

Average number of horses on: Full Board: \_\_\_\_\_ Pasture Board: \_\_\_\_\_

Monthly charge per horse: Full Board: \$ \_\_\_\_\_ Pasture Board: \$ \_\_\_\_\_

Total number of stalls on premises: \_\_\_\_\_

<b>Horse Sales</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
How many horses do you sell annually:	Owned by you: _____	Owned by others: _____		Total: _____		
Average value of horses sold:	Owned by you: \$ _____	Owned by others: \$ _____				
<b>Training</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Average number of horses in full training monthly, <b>including Independent Trainers' On Premises Training</b> : _____						
Average number of training rides <b>weekly</b> on horses not in full training: _____						
<b>Independent Trainers</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
<b>Riding Instruction</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anyone under 21 giving riding instruction: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of instruction: _____						
<i>Operation's Total Riding Instruction, both On and Off Premises, including Independent Instructors' On Premises Instruction.</i>						
Total lessons given annually:	_____	Average number of <b>weekly</b> lessons given on Client's Own horse(s):		_____		
Average cost per lesson:	\$ _____	Average number of <b>weekly</b> lessons given on School/Insured's horse(s):		_____		
Any Day Camp activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, the Equestrian Day Camp Supplemental Application must be completed.)</i>			
<b>Independent Instructors</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
<b>Officiating/Judging</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging / Officiating annually: _____		
<b>On Premises Riding Clinics</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
<b>Off Premises Riding Clinics</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
<b>Note:</b> <i>If dates have not been set, <u>Written Notice</u> of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.</i>						
<b>Host Shows / Events</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.</i>		
<b>Hosted Sanctioned Show Days</b> per year: _____		Sanctioning Organization(s): _____				
Event/Show date(s): _____						
Description of event: _____ Description of event activities: _____						
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____ Maximum				
number of participants: _____		Maximum number of spectators: _____				
<b>Hosted Non-Sanctioned Show Days</b> per year: _____						
Event/Show date(s): _____						
Description of event: _____ Description of event activities: _____						
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____				
Maximum number of participants: _____		Maximum number of spectators: _____				
<b>Note:</b> <i>If dates have not been set, <u>Written Notice</u> of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.</i>						
<b>Tack Store / Retail Sales</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Tack manufacturing and repair not eligible.)</i> Annual Gross Revenue from Sales: _____		
If yes, please describe types of items sold and locations where items are sold: _____						

**Arena / Facility Rentals**

Do you rent your facility to others?

Yes  No 

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

**Pony Rides**Yes  No  (If yes, the Pony Rides Supplemental Application must be completed.)**Horse Drawn Vehicle Rides**Yes  No  (If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)**Do you own dogs?**Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_

Are other dogs permitted at your facility or at any events you host?

Yes  No 

If yes, please explain your policy regarding dogs: \_\_\_\_\_

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.)

Yes  No **Other animals on premises?**Yes  No  If yes, how many, what type, and for what purpose: \_\_\_\_\_**Hunting on premises?**Yes  No  If yes, by:  Owners  Others Do you charge a fee? Yes  No 

Please explain hunting activities: \_\_\_\_\_

**Swimming pool on premises?**Yes  No 

If yes, do you have a security fence around your pool?

Yes  No 

Is the pool for your personal use only?

Yes  No 

If no, please explain: \_\_\_\_\_

**Is alcohol permitted on premises?**Yes  No 

If yes, describe: \_\_\_\_\_

Is alcohol sold, served, or furnished on premises?

Yes  No 

If yes, describe: \_\_\_\_\_

**Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.**

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired?

Yes  No 

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year (Not available in IL for Personal Liability)	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

No 

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): \_\_\_\_\_

Do you transport horses in your Care, Custody or Control? Yes  No

If yes, how often, for what reasons, and for whom you transport horses: \_\_\_\_\_

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes  No

If yes, please describe: \_\_\_\_\_

Type and capacity of your horse trailer(s): \_\_\_\_\_

Are your horse trailers in good repair? Yes  No

Are your horse trailers on a regular maintenance program? Yes  No

**Annual Gross Revenues from Equine Activities**

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other ( ): \$ _____ (Explain below.)	
<b>Total Annual Gross Revenue:</b>			<b>\$ _____</b>

**Note:** If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.

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!**

# GENERAL FRAUD STATEMENT

**(Not applicable in the states mentioned below where a specific warning applies.)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Oklahoma** - WARNING: 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.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## DECLARATION

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

*I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.*

***This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.***

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I/We agree to allow information to be sent electronically, including policy documents, notices and other supporting documents.
- I/We select the option to receive both electronic and paper copies of policy documents, notices and other supporting documents.
- I/We reject the option of receiving documents in connection with my insurance policy electronically and will continue to receive paper copies.

*(Must be signed and dated)*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(required in NH)*

**Therapeutic Riding Supplemental Application**

**Argonaut Insurance Company**

Applicant: _____ Quote #: _____	Broker: <u>Athena Insurance and Financial Services</u> Number: <u>209 223-1870</u> Requested Effective Date: _____
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**All Therapeutic Rides must utilize Safety Helmets to be eligible for coverage consideration.**  
**All Therapeutic 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 Therapeutic Riding operations under another name? Yes  No   
 If yes, please provide: \_\_\_\_\_

Do you offer Therapeutic Riding in cooperation with other organizations? Yes  No   
 If yes, please provide name of organization and explain: \_\_\_\_\_

Years experience providing Therapeutic Riding: \_\_\_\_\_  
 Please describe any certifications/accreditations/licenses your operation has pertaining to Therapeutic Riding: \_\_\_\_\_

Please indicate types of activities you provide along with the percentage of your operation they represent:

<input type="checkbox"/> Recreational Riding for Individuals with Disabilities _____ %	<input type="checkbox"/> Therapeutic Driving _____ %	<input type="checkbox"/> Competitions for Riders with Disabilities _____ %
<input type="checkbox"/> Therapeutic Vaulting _____ %	<input type="checkbox"/> Hippotherapy _____ %	<input type="checkbox"/> Equine Assisted Therapy _____ %
<input type="checkbox"/> Equine Facilitated Therapy _____ %	<input type="checkbox"/> Equine Assisted Psychotherapy _____ %	
<input type="checkbox"/> Other (Please explain and provide percentage): _____		

Total Therapeutic Rides given annually: _____	Average number of weekly Therapeutic Rides: _____
Maximum number of horses used at one time: _____	Total number of Instructors at one time: _____
Total number of Volunteers at one time: _____	Total number of Volunteers per each rider: _____

Do you offer Therapeutic Rides year-round? Yes  No   
 If no, please provide dates of operation: \_\_\_\_\_

Does your operation have outside Therapists/Instructors present during Therapeutic Rides? Yes  No   
 If yes, please explain their certifications and activities: \_\_\_\_\_

Please indicate the types of disabilities individuals have which your operation provides Therapeutic Rides to:

Muscular Dystrophy    Cerebral Palsy    Down Syndrome    Mental Retardation    Autism    Multiple Sclerosis    Spina Bifida    Brain Injuries  
 Spinal Cord Injuries    Cardiovascular accident    Stroke    Amputations    Visual Impairment    Deafness    Learning Disabilities    Emotional Disabilities  
 Attention Deficit Disorder    Other (Please explain): \_\_\_\_\_

Do you have medical permission forms on record for all riders? Yes  No

Are Safety Helmets mandatory? Yes  No   
 Other safety procedures (explain): \_\_\_\_\_

Do you ever fasten (tie) riders to any part of the saddle or horse? Yes  No   
 If yes, please explain: \_\_\_\_\_

Are all Therapeutic Rides conducted in an enclosed area? Yes  No   
 Please describe enclosure and fencing: \_\_\_\_\_

Please describe any Non-Equestrian activities associated with your Therapeutic Riding activities: \_\_\_\_\_

Please list any fundraising, promotional activities, or other events open to the public:  
 Public event date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_ Location of event: \_\_\_\_\_  
 Description of event activities: \_\_\_\_\_

**REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.**

Average charge per Therapeutic Ride (if any): \$ \_\_\_\_\_ Annual Gross Revenue from Therapeutic Riding: \$ \_\_\_\_\_

This space intentionally left blank

**GENERAL FRAUD STATEMENT**

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**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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**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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey, New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Oklahoma** - WARNING: 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.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia, Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**DECLARATION**

**DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.**

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: Athena Insurance and Financial Services 205 Court St., Jackson CA 95642 209 223-1870 Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required in NH)

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