

Horse Drawn Vehicle Rides Supplemental Application

Applicant: _____ Broker: _____ 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!

This space intentionally left blank

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, Oregon, 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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

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.

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.

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):

Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/we further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

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.

Applicant Signature _____ Date: _____

Broker Name: _____ Date: _____

Broker Signature: (NH only) _____ Date: _____

License Number: _____