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 Chicago, IL 60606
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HORSE ACTIVITIES

PROPOSED EFFECTIVE DATE: _____

Note: Coverage will only be considered if the insurer has received, or will receive with this Supplement, a properly completed and signed General Recreation Application. This supplement is for pack trips, trail rides, hunting with horses, etc.

Insured's Name: _____

Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

1. Please attach a list of all employees. Include their ages and experience.
2. Operation dates. Please describe type of trips, (trail rides, pack trips, hunting with horses) beginning and ending dates, areas used, and number of participants annually.

Describe type of Trip	Season Start (month/day/year)	Season End (month/day/year)	Area	Number of participants per year

3. Number of horses (including leased form others) utilized? Total: _____

a. Maximum number utilized for participants: _____

b. Number used for guide horses: _____

c. Pack animals: _____

Note: Please attach additional paper containing information on horse selection and on use procedures.

4. Answer the following questions with yes or no:

Yes	No	
<input type="radio"/>	<input type="radio"/>	Are all guides at least 18 years of age?
<input type="radio"/>	<input type="radio"/>	Do all guides have a minimum basic first aid and CPR training?
<input type="radio"/>	<input type="radio"/>	Do you have a written outline of the safety talk that guides give to participants, in order to assist guides in providing as complete information as possible?

<input type="radio"/>	<input type="radio"/>	If no, are you willing to implement one?
<input type="radio"/>	<input type="radio"/>	For trail rides situations, do the guides assist participants in mounting and dismounting?
<input type="radio"/>	<input type="radio"/>	Do the guides check the saddle and tack prior to the ride and at some point during the ride to assure proper fit and condition?
<input type="radio"/>	<input type="radio"/>	Do you have adequate experience with all of the horses in your string, in order to be reasonably certain of the characteristic and behavior of each horse?
<input type="radio"/>	<input type="radio"/>	Do you post any signs or information regarding basic information, such as safety rules, inherent risks, and general information regarding the activity of horseback riding?
<input type="radio"/>	<input type="radio"/>	Are you a member of any professional organization? If yes, please identify.

5. **Activity Breakdown/User Days**

Description of Activity	Annual # of Guests or Participants	X	Number of Days Each Person Participated	=	Total User Days
Trail Rides		X		=	
Pack Trips		X		=	
Guided Hunting		X		=	
Hay Rides		X		=	
Sleigh Rides		X		=	
Other (please describe):		X		=	

SPECIAL NOTE: It is critical that the Insurer have a clear understanding of your operation. Also, booking trips for others is not covered by this coverage contract. The Insured must request that the entities you book name you as an additional Insured on their coverage.

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature

Signature

Print Name

Print Name