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EAGALA HORSEBACK RIDING SUPPLEMENT

This application requires current certification and membership through the Equine Assisted Growth and Learning Association (EAGALA).

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Rate Calculation:

Limits of Liability	Base Rate for EAGALA members
<input type="checkbox"/> \$100,000 per accident / \$300,000 aggregate	\$550.00
<input type="checkbox"/> \$200,000 per accident / \$300,000 aggregate	
<input type="checkbox"/> \$250,000 per accident / \$500,000 aggregate	
<input type="checkbox"/> \$300,000 per accident / \$1,000,000 aggregate	\$1090.00
Subtract \$5 for each year you have been	-

EAGALA certified.

No. of hours with individuals ___ x \$0.50

No. of hours with families/groups _____x \$1.00

No. of hours with demonstrations _____x \$1.50

Percentage of time unmounted _____

90%- 100% unmounted – Add \$0

75% - 90% unmounted – Add \$100

50% - 75% unmounted – Add \$150

0% - 50% unmounted -- Add \$250

Mounted Activities

Add \$10 to each item marked besides

“bareback”

If no employee is First Aid certified, add \$50.

ESTIMATED PRICE

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

EAGALA Certification Level _____ Years certified by EAGALA _____

	PREVIOUS YEAR	PROJECTED UPCOMING YEAR
Number of hours spent in individual EAP/EAL sessions		
Number of hours spent with families or groups in EAP/EAL sessions		
Number of hours spent doing demonstrations for the public		

Please number in order of priority, with 1 being the most time spent. If you do not spend time in the activity, mark “0.” When doing any mounted activities, the majority of these activities are:

- _____ Bareback
- _____ With Saddle
- _____ Competitive
- _____ Recreational Trail Rides (with saddle)
- _____ Other mounted activities (please list)

Have you had to make any insurance claims for injuries involving horses? Yes No

If yes, please explain on an attached paper.

Do members of the team have current First Aid/CPR certification? Yes No

Send in copies of certification cards

I certify that I conduct EAP or EAL sessions using the team approach as per EAGALA Standards. Initial:_____

I certify that the Equine Specialist side of the team conducting sessions meets EAGALA's minimum requirements for the Equine Specialist. Initial:_____

I certify that the EAP or EAL professional side of the team meets EAGALA's minimum standards. Initial:_____

Paperwork collected at the client(s) intake includes the client(s)' health insurance information. Initial:_____

I certify that I collect information on the client(s) to help in decision making regarding activities around horses, i.e. medications client(s) may be taking and an understanding of potential side effects, physical and/or emotional limitations. Initial:_____

I certify that I conduct the "t" in safety at our facility on a scheduled basis and maintain a professional, neat, maintained facility. Initial:_____

I certify that the horses being used in sessions are well-cared, mentally and physically fit professionals. Initial:_____

I understand that horses are more likely to respond aggressively when they do not have a way to move away. I recognize that more serious incidences with horses occur when the horse is confined either by space (i.e. stall), or by being tied hard and fast. I certify that these moments are minimal in sessions, and that use of the ground tie and focus on making sure horses have a way to move away easily from clients is a priority in sessions. Initial: _____

I abide by EAGALA's standards and Code of Ethics. Initial:_____

Note: Exclusions: This policy will not cover any claim in which EAP, EAL, or any type of sessions involving horses were not being conducted per EAGALA standards as signed above. This policy will not cover any claim in which sessions did not have a current, EAGALA certified professional involved in facilitating the session.

Please send the following with your application:

1. Proof that each professional in the team conducting any EAP/EAL sessions to be covered by this policy meet EAGALA minimum standards (i.e. fill out the EAGALA point charts for the E.S. or EAL professionals, licensure/certificates of mental health professionals).
2. Send a copy of the liability form you will have clients sign.

REPRESENTATIONS AND WARRANTIES

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. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name