



All American Horse Insurance Agency, LLC



Best Darn Horse Insurance in the USA www.allamericanhorseinsurance.com
Ph: 435.896.4593 Fax: 435.893.0920 PO Box 419 Annabella UT, UT 84711

Equine Commercial General Liability

Applicant: _____ Business Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Website/FB: _____ Email: _____

Number of years experience with horses _____ Number of years of professional experience with this type of operation _____

Summary of your Equine Experience _____

Number of Full Time Employees _____ Number of Part Time Employees _____ Employee Payroll \$ _____

Desired Liability Limits: \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other _____

Date you wish to start coverage: ____/____/____ Current Policy Expiration Date ____/____/____ As Soon as Possible

Applicant's Ownership Structure Individual/Sole Proprietor Corporation LLC Association Non-Profit 501c3

List Every Location you Regularly travel to. If you Travel to Various Off Premises Locations Check Here

Your business premises Locations: (Provide COMPLETE physical address; street, city and state. Do Not provide PO Box)

Primary Business Location #1
Location #1 Acreage _____ Location #1 is: Owned Leased Rented

Primary Business Location #2
Location #1 Acreage _____ Location #2 is: Owned Leased Rented

Primary Business Location #3
Location #1 Acreage _____ Location #3 is: Owned Leased Rented

Previous Insurance Coverage Information:

Year Approx. Premium Amount Name of Insurance Carrier

Prior Year _____

2nd Prior Year _____

3rd Prior Year _____

Please Note: If you have had prior insurance your LOSS RUNS are Required to obtain a quote. Request these from current/prior insurance agent.

Is the applicant currently insured? Yes No Has the applicant had coverage cancelled or refused in the past three years? Yes No

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

(Attach a separate sheet and explain any claims or incidents for the past three years. Give dates, cause of loss, and amount paid.)

Additional Insured' and/or Proof of Insurance (Do Not list Independent Contractors or Employees here)

Name and Complete Address of Certificate Holder or Additional Insured Relationship to your Business Proof of Insurance ONLY Requires being listed as Additional Insured

1. _____

2. _____

3. _____

4. _____

5. _____



Description of activities: _____

Quick Underwriting Reference

What equine exposures do you want coverage on?	Approximate Annual Gross Income	Season Dates
Personal Liability: Parades/Leasing	\$ _____	_____
Guided Trail Rides	\$ _____	_____
Pony/Horse Rides (Hand Led or Carousel)	\$ _____	_____
Petting Farm/Zoo/Comfort/Healing Animals	\$ _____	_____
Horse/Tractor Drawn Vehicle Rides	\$ _____	_____
Riding Instruction	\$ _____	_____
Horse Related Camp	\$ _____	_____
Guest/Patron Food Services	\$ _____	_____
Therapeutic Sessions	\$ _____	_____
Therapeutic for Equine/ Massage	\$ _____	_____
Saddle Fitting	\$ _____	_____
Campground/Lodging	\$ _____	_____
Horse Training	\$ _____	_____
Breeding	\$ _____	_____
Boarding	\$ _____	_____
Fishing/Hunting	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

All Equine Providers

1. Are all guest horses at least 7 years old? ___ Yes ___ No
2. Do all guest horses have adequate experience in the exposures they are used for? ___ Yes ___ No
3. Total Number of Horses you own? _____

Personal/Parades/Leasing

Check if n/a \$_____ Total Annual Income

1. Are you sponsoring a parade and require spectator coverage for the entire parade? Yes No
(If yes, request an event application from us. Do not request coverage on this application.)
2. Do you participate in parades and require spectator coverage for your participation? Yes No
3. Describe what you do in parades? _____
4. Approx how many parades do you participate in each year? _____
5. Names and dates of parades you participate in? _____
6. Do you require Personal Liability for your own horses? Yes No
7. How many horses do you own? _____ What do you use your horses for? _____
8. How many horses do you Lease to Others ON Premises? _____
9. How many horses do you Lease to Others OFF Premises? _____

Guided Trail Rides

Check if n/a \$_____ Total Annual Income

1. Are any trails near or on public road ways? Yes No
2. Number of horses available for Guest Use? _____ Number of horses available for Guide Use? _____
3. Average number of Guests per/ride? _____
4. Guide to Guest Ratio _____ : _____
5. Your rates to ride \$_____ per/hour or \$_____ ½ day or \$_____ full day or \$_____ other



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- 6. Are all your rides guided? Yes ___ No ___
- 7. Do you have a weight limit? Yes ___ No ___ Pounds _____
- 8. Minimum age of riders? _____ Any Double Riding Allowed? Yes ___ No ___
- 9. Any Beach Rides? Yes ___ No ___ Any Cattle Drive Activities? Yes ___ No ___
- 10. Any Overnight Trail Rides? Yes ___ No ___ If yes, where do guests sleep? _____
- 11. List the reasons why you would decline/terminate a guest from riding? Health ___ Age ___ Weight ___
Intoxication ___ Not Listening ___ Pregnancy ___ Other _____
- 12. Do you allow guests to Walk ___ Trot ___ Canter ___
- 13. Do you offer ASTM helmets? Yes ___ No ___
- 14. What age riders are helmets required for? _____
- 15. Do all trail ride guests sign a waiver? Yes ___ No ___
- 16. List All Trail Guides Below: (Attach separate page if necessary. List all guides)

Name	Age	Years Experience	First Aid Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pony/Horse Rides

Check if n/a \$ _____ Total Annual Income

- 1. On Premises ___ Off Premises ___
- 2. Type of pony rides you give Hand-Led ___ Carousel ___ Other _____
- 3. Youngest age of riders? _____
- 4. Any weight restrictions? ___ Yes ___ No ___ Details _____
- 5. Types of off premises locations where rides are given
Homes ___ Parks ___ Schools ___ Festivals/Carnivals ___ Other _____
- 6. Your charge per/ride _____ Or per/party/event _____ Or per/hour _____
- 7. Total number of ponies used? _____ Average number of ponies used at one time? _____
- 8. Are ponies in an enclosure? Round Pen ___ Portable Panels ___ Arena ___ Other _____
- 9. Do you provide helmets for pony riders? ___ Yes ___ No ___ Are helmets Required? ___ Yes ___ No
- 10. Any Double Riding Allowed? ___ Yes ___ No
- 11. Are pony handlers trained employees? ___ Yes ___ No
- 12. Do you strap children to ponies or saddles? ___ Yes ___ No
- 13. Do you use a liability release waiver for pony riders? ___ Yes ___ No

Petting Zoos/ Comfort & Healing

Check if n/a \$ _____ Total Annual Income

- 1. Is your Petting Zoo Stationary (On Premises) ___ Mobile (Off Premises) ___
- 2. Do you have a Sanitation Station? Yes ___ No ___
- 3. Do guests feed animals? Yes ___ No ___ Details _____
- 4. List Species of All Animals and How Many of Each

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5. Locations you travel to or work with
Private homes ___ Reunions/Groups Parties ___ Live Nativity Scenes ___
Schools ___ Retirement/Nursing Homes ___ Carnivals/Festival/Public Events ___
Other _____

6. Description of "petting zoo/farm, comfort and healing" activities _____

7. Describe type of enclosures/fencing _____



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Horse/Tractor Drawn Vehicle Rides Check if n/a \$_____ Total Annual Income

**We need a photo of Each one of your vehicles Emailed to us at: allamericanhorseinsurance@gmail.com*

All vehicles must be commercially constructed, equipped to prevent riders from falling, and have covered wheel-wells.

- Are rides On Premises Off Premises
- How many of each type of vehicle do you use?
#_____ Wagons #_____ Vis-à-vis #_____ Carriage #_____ Hearse #_____ Stagecoach
Other _____
- Rides pulled by and how many horses? #_____ Horses- What Breed(s) ? _____
#_____ Tractor #_____ Truck Other _____
- Do you give riders after dark? Yes No
- Do you have Lights Reflectors Working Brakes Slow Moving Emblem Signs
- List all Drivers Below:
- Driver's Name Age Years Experience

- Are horses or vehicles left unattended when not in use? Yes No
- Are passengers assisted on/off vehicles? Yes No
- Exposures: Weddings Funerals Tours Events Farm Tours Haunted Rides
Corn/Pumpkin Patch Christmas Lights Other _____
- Do you drive in parades? Yes No
- Are horses kept in a secure area when not in service? Yes No
Details as to how the public is kept away from horses _____

- Do you cross or drive on Public Roads? Yes No
If yes, What Safety Procedures and Guidelines are in place? _____

Riding Instruction Check if n/a \$_____ Total Annual Income

- On Premises Off Premises
- Number of lessons taught per week? _____ Number of lessons taught per year ? _____
- Range of fees charged per lesson \$_____ to \$_____ Minimum age of students? _____
- Lessons On Insured's Horses? Yes No Lessons On Student's Horses? Yes No
- Number of Horses Used for Riding Instruction at one time? _____
- What is the Size/Area of your Riding Arena? _____
- Do you take students to Horse Shows? ___Yes ___No
- Type of Riding Instruction: Western English Jumping Ground Work Only
Able-Bodied Students Physical Disabilities Mental Disabilities EAGALA NARHA PATH
Vaulting Other _____
Other _____
- List all Instructor(s) Below
Name Age Years Experience Certifications and First Aid



Horse-Related Camp

Check if n/a \$_____ Total Annual Income

- 1. On Premises _____ Off Premises _____ Years of camp operations experience? _____
- 2. Camper ages from: _____ to _____
- 3. Day Camp _____ Overnight Camp _____ Where do campers sleep? _____
- 4. Number of campers at one time? _____ Number of campers annually? _____
- 5. How long is each session? _____ Average weekly charge per camper? _____
- 6. What is your counselor to camper ratio? _____ : _____
- 7. Do you also do non-equine activities? Arts/Crafts _____ Sports _____ Games _____ Horsemanship _____ Education _____
Water Activities _____ Paddle Boats _____ Canoes _____ Kayaks _____
- 8. Swimming Pool? Yes _____ No _____ Depth of Pool _____ Lifeguards? Yes _____ No _____
- 9. Date your season begins and ends this year: From ____/____/____ To ____/____/____
- 10. Do you operate your Own Equine Camp? ___Yes ___No
- 11. Do you operate the Equine Portion for someone else's camp? Yes _____ No _____

Guest/Patron Food Service

Check if n/a \$_____ Total Annual Income

- 1. Types of food service you provide:
 - Restaurant _____ Vending Machines _____
 - Chuck Wagon Meals _____ Bakery _____
 - Daily Meals for Campers or Guests _____ Snack Bar _____
 - Picnic or BBQ _____ Other _____
- 2. Do you advertise/provide food services to the general public other than your equine guests? Yes _____ No _____

Therapeutic Sessions

Check if n/a \$_____ Total Annual Income

- 1. What type of therapeutic sessions do you offer?
 - Recreational Riding for Individuals _____ Equine Facilitated Therapy _____ Hippotherapy _____ Psychotherapy _____
 - Riders with Physical Disabilities _____ Equine Assisted Therapy _____ Other _____
- 2. Total therapeutic Sessions Given Annually? _____ Average charge per/session? \$_____
- 3. Do you offer Mounted work? Yes _____ No _____
- 4. Do you only offer Ground work? Yes _____ No _____

Therapeutic for Equine/ Massage

Check if n/a \$_____ Total Annual Income

- 1. What type of Therapeutic Services do you offer for Equines? _____
- 2. What is your experience/Certifications? _____
- 3. What equipment do you use, if any?
 - Equine Treadmill _____ Vibration Plate _____ Equine Solarium _____ Massage Gun _____ Therapy Blanket _____
 - Waves _____ Therapeutic Ultrasound _____ Equine Exerciser _____ Horse Water Walker _____ Show _____
- 4. Other: _____
- 5. Do you need coverage for your Equipment? Yes _____ No _____ Value \$_____

Saddle Fitting

Check if n/a \$_____ Total Annual Income

- 1. Do you represent or work for a specific brand or company? Yes _____ No _____ (If yes, we cannot insure.)
- 2. What is your experience? _____
- 3. When fitting, do you watch the horse Walk _____ Trot _____ Jump _____
- 4. Do you fit for a horse that appears lame? Yes _____ No _____
- 5. Do you fit for Western _____ English _____
- 6. Do you do any tack repairs? Yes _____ No _____
- 7. Where did you receive your training? _____ Where is it located? _____
- 8. How long/involved was your training course? _____
- 9. Do you sell tack? Yes _____ No _____
- 10. If yes would you like coverage for your inventory? Yes _____ No _____ What is the total value \$_____



Campground/Lodging

Check if n/a \$_____ Total Annual Income

- Number and types of guest accommodations you provide:

RV Sites	# _____	Daily Rate \$ _____
Tent Sites	# _____	Daily Rate \$ _____
Cabins/Cottage	# _____	Daily Rate \$ _____
Other	# _____	Daily Rate \$ _____
- Date your season begins and ends this year: From ____/____/____ To ____/____/____

Horse Training (Other people's horses)

Check if n/a \$_____ Total Annual Income

- Types of training you do? _____
- Number of outside horses you train at one time _____
- Is riding instruction part of your training fee? Yes No
- Is boarding part of your training fee? Yes No
- Monthly training rate? _____

Breeding

Check if n/a \$_____ Total Annual Income

- Average Stud Fee Charged? _____
- Number of Stallions Standing Stud (Live and AI) _____
- Number of Non-Owned Mares Covered Annually? _____
- Number of Owned Mares Covered Annually? _____

Boarding

Check if n/a \$_____ Total Annual Income

- What is the average number of horses boarded monthly? _____
- What is the monthly charge per/ horses \$_____ minimum to \$_____ maximum
- Total number of stalls on premises? _____

Care, Custody Control (If you have other people's horses in your care for Boarding, Training, Breeding)

Check if n/a

- What is the maximum value of a non-owned horse in your care? _____
- What is the minimum number of horses in your care? _____
- What is the maximum number of horses in your care? _____

Fishing/Hunting

Check if n/a \$_____ Total Annual Income

- Do you offer Fishing or Hunting Expeditions? Are they Guided? Yes No
- What type of game is being hunted? Elk Deer Exotics Bear Turkey Upland Birds
Hogs Alligators Waterfowl Other: _____
- Are Tree Stands used? Yes No
- Do you use any of the following to transport hunters? If yes, how many?
ATV's: _____ Horses: _____ Snowmobiles: _____ Boats: _____ Other: _____
- Do guests operate any of the above? Yes No

Additional Notes for Underwriting:



Other Equine Operations you would like a quote for:

Other Non-Equine Operations you would like a quote for:

I understand that the signing and delivery of this application does not bind me to complete the insurance, nor the company to issue a policy; but each answer given in this application is a statement of fact which becomes a part of the policy should a policy be issued. By signing this application I acknowledge that I am aware that if at any time it is discovered any of the statements of fact contained in this application are concealed or falsely stated, the policy may be modified, rescinded, or declared void from its inception at the sole option of the company and in accordance with any applicable state laws.

I have read the risk reduction program and agree to follow guidelines.

(All Named Insured Applicants Must Sign Below.)

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Recommended Risk Reduction Program

General Information

1. Review and comply with your state's equine activity liability law. Most states have passed some form of an Equine Liability Law or Act. These laws are designed to control certain liabilities in some way when people are injured in equine activities. These are not "zero liability" laws. They do not ensure you will not be sued, or not be held liable, or do not need to carry liability insurance for your equine activities.
2. Post signs that contain your state's equine activity liability law warning and provide participants with this warning in your waiver. Liability waivers are not Required, but are encouraged. Consult an attorney with any questions.
3. Basic First Aid/CPR training is important for key personnel members. Keep first aid kits accessible. First aid and CPR training is available at safetycampus.com
4. Hire only reputable personnel, who are carefully screened and pass a background check. Bodily injury to you employees, volunteers, or family members is Not covered by your general liability policy. You may want to purchase a worker comp policy to cover work related injury to these people.
5. Clothing recommendations for working with or riding horses include the following: smooth, full soled boots or shoes that cover the ankle with at a 1" heel for riding, ankle length pants that are moderately loose fitting, leather gloves. SEI Certified ASTM Standard F 1163 Riding Helmets are strongly recommended. Wearing a helmet can reduce the risk of a serious head injury and even save a life. Helmets are designed to protect your head from the impact of specific activities. Do not use bicycle helmets for equestrian activities, as they will not provide the protection you need. Replace any helmets involved in an accident. (It may not be safe for some disabled riders to wear a helmet. Check with the rider's health care professional)
6. Use horses age 7 years and older that are well-seasoned that do not kick, bite, rear, run away, lay down or are difficult to control. Once a horse has caused an accident, take them out of use for the public. Horses should be healthy and well fed with no lameness or open wounds. The horses should not work more than 8 hours per day and need 1-2 days rest each week.
7. Do not provide rides to riders over 240 pounds unless you have a horse to accommodate the larger rider. Riders should not weigh more than approx. 20% of the weight of the horse. (200 lb rider per/1000 lb horse) Riders legs should come at least 1/2 way down the sides of the horse/pony.
8. If a beginning rider is overly frightened, it is best to terminate the ride immediately.
9. Participants with physical or mental disabilities, disorders or unique conditions, or conditions of advanced age or frailty require special consideration. Be familiar with the Americans with Disabilities Act and your state non-discrimination laws. It is appropriate to ask a rider/parent/guardian how your staff may accommodate any needs they may have. You may need extra side walkers, or assistance or advice of the caretaker. **WARNING: people having Downs Syndrome Must have a negative X-ray of their necks (or written permission from their doctor) as the simple movement of riding a horse could kill them.**
10. Do not Ever allow double riding or strap anyone to the saddle, horse/pony, or the carousel.
11. Unsupervised riding is not allowed.

The following recommended guidelines have been established for each of the following programs :

Pony Rides - Handled or Carousel

- 1) The activity must be under the direct supervision of the Insured.
- 2) Using a sturdy, enclosed area is recommended to keep spectators out of the way, and ponies/horses contained.
- 3) Side-walkers recommended for children under the age of four. Parents or guardians may act as a spotter, but only staff members may handle the horse/pony.
- 4) Double riding or bareback riding not allowed. No Buddy Saddles.
- 5) All tack must be in excellent condition and inspected prior to each use.
- 6) Children may not be secured/strapped to the horse/pony in any way.
- 7) Recommended use of ASTM certified Riding helmets. No Bike helmets.
- 8) Maximum rider weight of 100 pounds on small ponies and 125 pounds on large ponies. Riders legs should come at least half way down the sides of the horse and never come close to dragging on the ground.
- 9) No riders under the age of 1 year.
- 10) Walk only, no trotting and no carry on objects.
- 11) Pony ride manager suggested to be 18 yr or older and seasoned pony/horse handler. Assistants suggested to be 16 yr or older and seasoned pony/horse handler.
- 12) Each rider should be assisted with mounting and dismounting.

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Horse/Tractor Drawn Vehicle Rides

- 1) All vehicles should have slow moving caution symbols and reflectors displayed on them.
- 2) All vehicles should have hydraulic or approved mechanical brakes. *Exceptions may be made on authentic antique vehicles which historically have no brakes. Sleighs do not need brakes.
- 3) Employed drivers will operate all teams or vehicles at all times. The minimum driver age is 21 years old. All drivers must have at least two years driving experience. and basic first aid training.
- 4) A helper is to accompany the driver for all animal drawn wagons with six passengers or more and all tractor drawn wagons with twelve passengers or more.
- 5) An out-walker is used for each animal drawn unit in a parade or crowd situation.
- 6) No alcohol allowed on board the vehicle. .
- 7) Passengers must be seated while the vehicle is in motion.
- 8) Hay wagons are to have sideboards at least two feet above the seating level and have controlled entry and exit points.
- 9) Wheel-wells should be covered to prevent accidental contact with moving parts
- 10) A driver must be seated in the driver's seat while loading and unloading passengers from the animal drawn vehicles to control sudden movements of the animal.
- 11) Use a device to hook the reins inside vehicle so they cannot drop to the ground. Do not use reins that snap on.
- 12) All harnesses are to be in excellent condition and inspected prior to each use.
- 13) Lights are used on the front and the back of motorized vehicles pulling hay wagons.
- 14) At least one assistant is recommended for every 2 horses to have control of the horses from the ground during rest time, hitching and unhitching. Never leave the horses unattended. Never remove bridle while still hitched to vehicle.
- 15) Never fasten any guest onto saddle, horse, pony, or horse drawn vehicle.
- 16) Recommend to refuse rides to people in weak physical condition or those who have a hard time boarding, unsupervised children, unruly or intoxicated people that management may not be equipped to handle or who pose a safety hazard.
- 17) Recommended to post and/or go over safety rules with passengers before boarding.
- 18) Consider keeping records of all passengers names, addresses, and phone numbers along with the time they rode your vehicle, which vehicle it was, horses and drivers used. Keep records as long as your attorney advises.
- 19) Recommend to use horses at least 7 years old with a minimum of 120 hours of intensive driving training and desensitizing with good disposition: no biting, kicking, bucking or rearing, or difficult to control. Remove horse from use if they cause an accident.

Petting Farm/Zoo, Comfort/Healing Animals

- 1) Petting zoos must contain a hand-washing station: a) Within 100 feet of animals exhibited b) Running water is preferred, if available c) Utilizing a clearly visible sign at the entrance of the facility informing patrons of the presence and importance of the hand-washing station.
- 2) Do not use animals with aggressive behavior such as biting, kicking, rearing, pushing or leaning on people or fencing. Remove aggressive animals from the petting zoo.
- 3) Petting zoo must be supervised at all times.
- 4) Aggressive non-domestic animals do not qualify for coverage. (Bears, bobcats, tigers, lions, cougars, coyote, monkeys, geese, etc.)

Riding Instruction

- 1) Suggested class size of no more than 8 students.
- 2) Students must always be supervised while handling and riding
- 3) Riding instructors should be at least 21 yr old and assistants at least 16 yr old.
- 4) Independent instructors should provide you with proof that they carry accident/ medical insurance on themselves.
- 5) No riding after dark, or riding alongside or into an ocean, sea, or lake.
- 6) Adjust stirrups to correct length for each rider. Riders legs should come at least half way down the sides of the horse and never come close to dragging on the ground.
- 7) Double riding or bareback riding not allowed.
- 8) Recommended use of ASTM certified helmets. No Bike Helmets.

Horse Related Camp

- 1) Counselor: Camper Ratios for the following ages: 1:6 for ages through 8 yr, 1:8 for ages 9-10 yr, 1:10 for ages 11 yr and older
- 2) Emergency Medical Care must be readily available and treatment given without delay to all campers who become sick or injured.
- 3) Children and youth must be supervised and monitored around the clock by staff members, or parents if a family camp.
- 4) Recommended use of ASTM certified helmets, No Bike Helmets.
- 5) See also, Riding Instruction above.

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Guided Trail Rides

- 1) Unguided riding not allowed.
- 2) No rides after dark.
- 3) Use a liability release form (We have sample waivers available)
- 4) Children under the age of 6 should not be allowed on the trails.
- 5) Highly recommend ASTM Riding helmets for everyone under the age of 18 yr old. No Bike Helmets.
- 6) Pre-screen guests and give pre-ride instructions.
- 7) Ride single file, turn off guest cell phones, no carry-on objects, stay with the group.
- 8) Nothing faster than a trot.
- 9) Keep record of all guests.
- 10) 1:6 guide to guest ratio.
- 11) No double riding, No bareback riding, use Western saddles.
- 12) No guides walking alongside horses.
- 13) Do not pony along horses.
- 14) Recommend to use horses at least 7 years old, with good disposition: no biting, kicking, bucking or rearing, or difficult to control.
- 15) Remove horse from use if they cause an accident.

If you do not agree to any of the above Risk Reduction Rules in the exposures you are applying for insurance in, please list them specifically below. Otherwise you will be expected to follow all rules. _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____