



All American Horse Insurance

Best Darn Horse Insurance in the USA

Ph: 435.896.4593

Fax: 435.893.0920

PO Box 419 Annabella UT 84711

allamericanhorseinsurance@gmail.com

www.allamericanhorseinsurance.com

Equine Commercial General Liability

Applicant: _____ Business Name: _____

Mailing Address: _____

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

Day Phone: _____ Cell Phone: _____ Fax: _____ Contact Person: _____

Website/FB: _____ Email: _____

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

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

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

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

List EVERY LOCATION you want Covered Below. 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

Primary Business Location #2 _____

Location #1 Acreage _____ Location #2 is: Owned Leased

Primary Business Location #3 _____

Location #1 Acreage _____ Location #3 is: Owned Leased

Previous Insurance Coverage Information: *

Year	Approx. Premium Amount	Name of Insurance Carrier
Prior Year _____	_____	_____
2 nd Prior Year _____	_____	_____
3 rd 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.**

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

Has the applicant had coverage cancelled or refused 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 with details, 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. _____

All American Horse Insurance

Description of activities: _____

Quick Underwriting Reference

What equine exposures do you want coverage on?	Approximate Annual Gross Income	Season Dates
Pony Rides (Hand Led or Carousel)	\$ _____	_____
Petting Farm/Zoo, Comfort/Healing Animals	\$ _____	_____
Horse/Tractor Drawn Vehicle	\$ _____	_____
Riding Instruction	\$ _____	_____
Horse Related Camp	\$ _____	_____
Guest/Patron Food Service	\$ _____	_____
Parades	\$ _____	_____
Kiddie Train/Tram (No Longer Available)	\$ _____	_____
Guided Trail Rides	\$ _____	_____
Living History/Education/Demonstrations	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	_____

Pony Rides

Check if n/a \$ _____ Total Annual Income

1. On Premises _____ Off Premises _____
2. Type of pony rides you give Hand-Led Carousel Other _____
 Unicorn Rides Costume Rides
- Photo Opportunity (Do NOT sit on horse) Photo Opportunity (Guest are Allowed to sit on horse)
3. Youngest age of riders? _____ Any weight limit restrictions? _____
4. Types of off premises locations where rides are given
 Homes Parks Schools Festivals/Carnivals Other _____
5. Estimated number of annual riders. _____
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 enclosure? Round Pen Portable Panels Arena Other _____
9. Do you provide helmets for pony riders? Yes No
10. Do you strap children to ponies, saddles, or carousel? Yes No
11. Do you use a liability release waiver for pony riders? Yes No
12. Pony Ride Experience: _____
13. Explain Safety Precautions/Procedures _____

Petting Farms/Zoos / Comfort & Healing

Check if n/a \$ _____ Total Annual Income

1. Is your Operation Stationary (On Premises) Mobile (Off Premises)
2. Do you have a Sanitation Station? Yes No
3. List Species of all animals and How Many of each one

4. Your Experience _____
5. Explain Safety Precautions/Procedures _____
6. _____
6. Locations you travel to or work with
 Private Homes Reunions/Groups Parties Live Nativity Scenes
 Retirement/Nursing Homes Carnivals/Festivals/Public Events
 Schools Other _____
7. Explain what you do. _____

All American Horse Insurance

Horse/Tractor Drawn Vehicle Rides

Check if n/a \$_____ Total Annual Income

1. On Premises Off Premises
2. Number of each Type of Vehicles used
Wagons_____ Vis-a-Vis_____ Carriage_____ Hearse_____ Stagecoach_____ Other _____
3. Rides pulled by Horses Tractor Truck Other _____
4. Estimated number of rides you give annually? _____ Estimated number of passengers annually? _____
5. Ride Rates: \$_____ per/_____ or \$_____ per/_____ or \$_____ per/_____
6. Email a photo OR make/model/serial number for **each vehicle used** to allamericanhorseinsurance@gmail.com
7. Do your vehicle(s) have? Working Brakes Reflectors Slow Moving Vehicles Lights
8. List All Drivers Below

Driver's Name	Age	Years Experience	First Aid Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Riding Instruction

Check if n/a \$_____ Total Annual Income

1. On Premises Off Premises
2. Approximate number of lessons taught per/year?_____ Approximate Number of students taught per year? _____
3. Range of fees charged per lesson \$_____ to \$_____ Minimum age of lesson students? _____
4. List All Instructors Below:

Name	Age	Years Experience	Certifications/First Aid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Type of Riding Instruction: (Check all that apply)

Western English Able-Bodied Students Equine Yoga Psychotherapy General Horsemanship
 Mental Disabilities Physical Disabilities EAGALA NARHA PATH OK Corral SpiritHorse
 Ground Work Only On Horseback Other _____

Horse-Related Camp

Check if n/a \$_____ Total Annual Income

1. On Premises Off Premises
2. Camper ages from _____ to _____
3. Any Overnight camping? Yes No Where do campers sleep? _____
4. If overnight, Who supervises campers? _____ Details _____
5. How many campers at one time? _____ Number of campers per year? _____ Average weekly charge per camper? \$_____
6. How long is each camp session? Hours _____ How many days? _____ How many nights? _____
7. Date your season begins and ends this year: From _____ / _____ / _____ To _____ / _____ / _____
8. Date your season begins and ends next year: From _____ / _____ / _____ To _____ / _____ / _____
9. Any Water Activities? Yes No Details _____
10. Swimming Pool? Yes No Depth of Pool _____ Lifeguards? Yes No
11. What is your counselor to camper ratio? _____ Counselors: _____ Campers _____
12. Do you offer non-equine activities? Yes No If yes, what? _____
 Arts & Crafts Grooming Sports Games Horsemanship Education Watergames
 Other _____
13. Counselors Name Age Years Experience First Aid Qualifications/Certifications

14. Do you offer your Own Equine Camp? Yes No
15. Do you operate the Equine Portion for other people's camp? Yes No
16. Do you remain at the camp supervising all Equine Activities? Yes No
17. Do you Lease out your horses to someone else supervising the camp? Yes No
18. If applicable, Name of Camps you provide horses for _____

All American Horse Insurance

21. List All Trail Guides Below: (Attach separate page if necessary)

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

22. Estimated number of annual riders? _____

23. Your rates \$_____ per/_____ OR \$_____ per/_____ Months of Operation _____ to _____

24. Explain Safety Procedures _____

Exposures NOT COVERED **No coverage available for HORSE TRAINING or BOARDING under this policy

Contact All American if you wish to have these things quoted 435.896.4593 or allamericanhorseinsurance@gmail.com

Other Equine Operations you would like a quote for:

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

I have read and understand the Risk Reduction Program and agree to implement the required standards in my business operations. My staff have also been informed of the Risk Reduction Program and also agree to comply. By signing below, you are confirming that you have read the recommended guidelines and that you are following them. If there are any exceptions, please list them below. 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. (All Named Insured Applicants Must Sign Below.) I am aware that if I default on my payments, my account will be sent to a collection agency. All collection, attorney, and court costs will be charged to insured, if necessary to collect premium.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

PLEASE DO NOT FAX ANY PHOTOS TO US. WE WILL NOT BE ABLE TO SEE THEM.
EMAIL ANY PHOTOS TO: allamericanhorseinsurance@gmail.com

PLEASE SEND LOSS RUNS IF YOU HAVE PRIOR INSURANCE.
PLEASE FILL OUT APPLICATION COMPLETELY

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 CRP 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 5 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.
- 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 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.

All American Horse Insurance Agency, LLC

Ph: 435.896-4593 Fax: 435.893.0920 allamericanhorseinsurance@gmail.com
PO Box 419 Annabella, UT 84711 www.allamericanhorseinsurance.com

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) 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.
- 10) Use a device to hook the reins inside vehicle so they cannot drop to the ground. Do not use reins that snap on.
- 11) All harnesses are to be in excellent condition and inspected prior to each use.
- 12) Lights are used on the front and the back of motorized vehicles pulling hay wagons.
- 13) 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.
- 14) Never fasten any guest onto saddle, horse, pony, or horse drawn vehicle.
- 15) 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.
- 16) Recommended to post and/or go over safety rules with passengers before boarding.
- 17) 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.
- 18) Recommend to use horses at least 4 1/2 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 18 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.

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.
- 5) See also, Riding Instruction above.

All American Horse Insurance Agency, LLC

Ph: 435.896-4593 Fax: 435.893.0920 allamericanhorseinsurance@gmail.com
PO Box 419 Annabella, UT 84711 www.allamericanhorseinsurance.com

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 helmets for everyone under the age of 18 yr old.
- 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 4 1/2 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 _____