

American Insurance Specialists

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CARRIAGE, WAGON & SLEIGH RIDE SUPPLEMENT

Applicant: _____

Business Name (DBA) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Location of business if different from above and locations where you have additional Equine Activities for which coverage is desired:

Use: _____

Address: _____ City: _____ State: _____ Zip: _____

Proposed Effective Date: _____ Seasonal? Yes No From _____ To _____

Ownership: Individual Corporation Association Partnership

Each Occurrence Limit: \$300,000 \$500,000 \$1,000,000 Double Aggregate

Please complete equine CGL application if operations involve other than horse drawn vehicle operations

How many years experience giving Horse Drawn Vehicles Rides: _____ Years in business: _____

Maximum Rides given in one week: _____ Average Horse Drawn Rides given per week: _____

Maximum number of Vehicles used at one time: _____ Annual Gross Income: \$ _____

Minimum driver age _____ Minimum Driver experience _____

Are Vehicles used at Night? Yes No

Do all of your Vehicles have? Hydraulic Brakes Lights Reflectors Slow Moving Emblems

Are any of your rides given on, or cross over high traffic public roads? Yes No

If yes explain below

Hay Rides pulled by tractor (No ATV or UTV) are acceptable if:

Unit is specifically designed and constructed by others to transport people

Unit has permanently mounted seats for riders

Unit is properly equipped to prevent riders from falling (rails so people don't fall off) Operators are over 18 years of age Unit does not operate on or cross any high traffic public street, road, highway or thoroughfare.

Carriage or Wagon pulled by: Horses Motorized Vehicle Describe

Are you licensed by any city, county, state or governmental authority?
If yes give details including license / permit number, number of vehicles authorized.

Yes No

If any off premises exposure and describe principle use of vehicle _____

What is maximum number of conveyances / teams used at one time? _____

| Carriage - Year, Manufacturer, Description, Number of Horses <i>List each vehicle to be insured include commercial plate or tag number</i> | Passenger Capacity = |
|--|---|
| | Insured Value (Include Photo) \$ |
| Carriage - Year, Manufacturer, Description, Number of Horses <i>List each vehicle to be insured include commercial plate or tag number</i> | Passenger Capacity = Insured Value (Include Photo) \$ |

If additional space required please photocopy this page.

LIST NAMES AND ADDRESSES OF PREMISES OWNERS, SANCTIONING ORGANIZATIONS, REGULATORY OR LICENSING AUTHORITIES REQUIRING FILINGS AND PARTIES REQUIRING PROOF OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENTS.
Identify any special permits, concession agreements or private land use areas used and attach copy of any permits or agreements.

How many insurance certificates required for policy term? _____ How many additional insured endorsements? _____

Present Insurance Company: _____ Last Year's Premium: \$ _____

Have you had any liability claims or reported incidents in the past three years? _____ Yes No
Explain all claims and reported incidents for the past three years. **Include previous insurer loss runs.**

Complete submission required that includes Equine CGL application, Carriage supplement, Loss History with prior insurance company and schedule of horses and carriages with photos. Incomplete submissions will be returned.

APPLICATION & WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to Allen Financial Insurance Group Inc and its Companies for Commercial Equine Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable

APPLICANT:
Signature _____ Title _____ Date _____
signature required

Agent _____ TELEPHONE _____