



## GUIDED EQUINE PROGRAM INSURANCE

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
2. Please fill in all the fields with the correct information.  
3. Email the application to apps@cossioinsurance.com or Fax to 864-688-0138

### POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Abuse/Molestation
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Hired & Non-Owned Auto

### Section 1: Insured Information

How did you hear about us?		
Named Insured as it is to appear on the policy:		
DBA:	DOB:	FEIN/SS:
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
Mailing Address:		
City:	State:	Zip:
Inspection Contact Name:		Phone Number:
Website Address:		E-mail Address:
Business Operation Location Address #1:		
City:	State:	Zip:
Business Operation Location Address #1:		
City:	State:	Zip:
Description of Operations:		
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
Effective Date:		Expiration Date:
Length of time in business:		Operating Season:
Total Management Experience in this type of Operation:		
<b>Limits of Liability Required</b>	<b>Per Occurrence</b>	<b>Aggregate</b>
Deductible per claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000



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### Section 1: Insured Information (continued)

Additional Insured (As they are to appear on the Policy): ☐ Check here if none

Name	Address	Relationship to you

Has Your Insurance Ever Been Canceled or Non-Renewed? ☐ Yes ☐ No

If yes, please explain:

### Section 2: Submission requirements for all operations

☐ Copies of your Horse Training and Riding Instruction Agreements with your Clients

☐ Copy of your Boarding / Stall Agreement with clients for Boarding Operations (Mandatory to Quote Coverage)

☐ Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members

☐ Three Years of Loss Runs from Prior Carriers MUST BE PROVIDED IN ORDER TO BIND. No Loss Letter needed to quote with Hard Copy Carrier Loss Runs – Currently Valued received within 10 days of binding.

☐ Resume of Owners or Summary of Qualifications if this is a New Venture or Have been in Business less than 3 years

### Section 3: Producing agent information

Name of Agent:

Phone Number:

Address:

### Section 4: Prior carrier information

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

### Section 5: Revenue breakdown for all activities

Total gross revenues for all activities: \$

**\*\*\*New ventures must provide their anticipated/projected gross revenues "TBD" or blank is not accepted**



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### Section 5: Revenue breakdown for all activities (continued)

Guided Equestrian Activities	# of horses, wagons	Gross Revenues
Equestrian riding instruction- insured owned horses		
Equestrian riding instruction - student owned horses		
Boarding of non-owned horses - in stalls		
Boarding of non-owned horses - pasture only- no stalls		
Training of non-owned horses		
Breeding of horses		
Care-custody-control injury to non-owned horses liability		
Horse drawn carriage/sleigh/wagon/stagecoach rides		
Guided horse trail rides***		
***Average total # of horses on any one ride		
Owned horses- pleasure/personal only (no stallions)		
Horse Sales		
Tack Sales		
Horse shows other than rodeos on insureds premises		
Guided pony rides (horses less than 40" tall at the withers)		
Petting zoo - small animals		
Riding clubs ***separate application		
Therapeutic riding instruction *call for additional supplement*		
Riding clinics / camps		
Owned horses insured elsewhere		
Rodeos - **Complete separate application		
Parades (# of parade appearances)		
Other:		
Other:		
Incidental Operations:		
Cabins/Camping/Lodging/RV		
Concessions		
Retail sales of merchandise		
Restaurant		



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### Section 6: General Operations

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in any Activity? ☐ Yes ☐ No

2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? ☐ Yes ☐ No

3. Do you have the Equine Statutes Posted and Proper Signage Posted PER YOUR STATE'S EQUINE STATUES? ☐ Yes ☐ No

4. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? ☐ Yes ☐ No

5. Do you hire Concessionaires, Independent Contractors or Subcontractors? ☐ Yes ☐ No

If "yes": For what Activities-Duties?

If "yes": Do you obtain Proof of Insurance with AI status from them? ☐ Yes ☐ No

6. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? ☐ Yes ☐ No

If "yes" – do you require them to sign a special waiver prior to allowing them to Train or Try-Out? ☐ Yes ☐ No

7. Do you provide Staff Housing? ☐ Yes ☐ No

If "yes" – describe

8. Do you raise hay or grain for horses? ☐ Yes ☐ No

9. Do you allow any hunting or fishing activities on your premises? ☐ Yes ☐ No

10. Is the premises supervised/monitored 24 hours a day? ☐ Yes ☐ No

If "no" - how is it maintained / supervised?

11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? ☐ Yes ☐ No

12. Do you conduct or allow any non-guided activities? ☐ Yes ☐ No

If "yes", describe in detail:

13. Total number of owned horses/mules:

Total number of leased horses/mules:

**If you leased horses for use in your business operation – provide a copy of the lease agreement**

14. Do you have a formal written PROCEDURE & TRAINING manual for your operations? ☐ Yes ☐ No

15. Do you employ, contract or have on-site any of the following? ☐ Ferrier ☐ Veterinarian  
☐ Equine Therapist

16. Do you rent or lease horses out to the public without a guide? ☐ Yes ☐ No

**17. Do you allow others to use your horses in parades or events?** ☐ Yes ☐ No



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### Section 6: General Operations (continued)

Do you or any resident members ride or participate in parades or events? ☐ Yes ☐ No

If yes describe:

### Section 7: Instructor / Trail Guide / Driver Qualification Information

List all activities. Use a separate sheet if needed.

Age	Full Name	Yrs of Exp.	First Aid & CPR?	Other applicable certification for each guide, instructor, trainer including independents

### Section 8: Guided Horse / Mule / Donkey Trail Rides

☐ No Exposure

\*\*\*\*\*If you do not conduct an activity listed please check off the "no exposure" box.

1. Where do you conduct the Guided Trail rides?

2. Do you do any night Guided Trail Rides? ☐ Yes ☐ No

3. Do you make any stops at restaurants or points of interest during the trail ride? ☐ Yes ☐ No

If "yes", do you allow the consumption of alcohol during those stops? ☐ Yes ☐ No

4. Do you match the rider's experience to the horse you are providing? ☐ Yes ☐ No

5. Do you use well-known and well-marked trails? ☐ Yes ☐ No

6. What is your Guide to Client Ratio?

7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? ☐ Yes ☐ No

### Section 9: Equestrian Riding School / Instruction

☐ No Exposure

1. Is Safety Equipment required of all students while riding? ☐ Yes ☐ No

If "yes", Describe:

2. Which Riding Style is taught?

3. Are students trained to participate in competitive Events? ☐ Yes ☐ No

If "yes" describe:

4. What is your Instructor to Client Ratio?

5. What is the minimum Age for Participation:



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### Section 9: Equestrian Riding School / Instruction (Continued)

6. Are you or your employed instructors certified by a riding institute? ☐ Yes ☐ No

7. Do you use Independent Riding Instructors? ☐ Yes ☐ No

If "yes" do you obtain a certificate of insurance with additional insured status on their insurance policy? ☐ Yes ☐ No

If "no" and the Independent Riding Instructor is operating under your name – do you wish to have them listed as an AI? ☐ Yes ☐ No

If "yes" – on a separate sheet – please list the instructors full name, address, credentials and certifications ☐ Yes ☐ No

8. Do you offer Lessons to Handicapped or Special Needs Students? ☐ Yes ☐ No  
If Yes – Complete Additional Supplemental Application

### Section 10: Camps / Clinics ☐ No Exposure

1. Number of Participants Day Camp Only?

Overnight? Describe Overnight Facilities:

2. How many days is each session? How Many Sessions?

3. Describe all Camp / Clinic Activities and Operations:

4. Instructor to student/camper Ratio:

5. Minimum Age for participation in camps and clinics:

6. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? ☐ Yes ☐ No

### Section 11: Boarding of Non-Owned Horses ☐ No Exposure

1. Do you have a stall, boarding, breeding or training agreement in place with hold harmless and indemnification language? ☐ Yes ☐ No

**\*\*\* If "yes" you MUST provide a copy of the agreement in order to Bind Coverage\*\*\***

2. Number of Stalls available for Boarding of Non-Owned Horses:

3. Number of Stalls available for Boarding of Owned – Horses:

4. Number of Non-Owned Horses you Pasture Board Only and do not provide Stalls for boarding

5. Describe the fencing: Age of the fencing:

6. Describe your Riding Facilities in detail:

7. Do you allow Boarders to use your Riding Facilities? ☐ Yes ☐ No



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### Section 11: Boarding of Non-Owned Horses (Continued)

8. Do you allow Non-Boarders to utilize your riding facilities? ☐ Yes ☐ No

If "yes", do you require all riders to sign a Waiver & Release of Liability?

9. Do you utilize independent trainers? ☐ Yes ☐ No

### Section 12: Training of Non-Owned Horses

☐ No Exposure

1. Do you train non-owned horses? ☐ Yes ☐ No

If "yes" how many do you train in a year?

Type of Training?

2. Do you train non-owned horses on your premises? ☐ Yes ☐ No

3. Do you hire independent trainers to train the horses? ☐ Yes ☐ No

If "yes", do you obtain a certificate of insurance with AI status from the trainer? ☐ Yes ☐ No

If "no", do you want the Independent trainer as an additional insured when training on your behalf on your premises? ☐ Yes ☐ No

If "yes", provide the Name & Address:

### Section 13: Breeding

☐ No Exposure

1. Do you provide Breeding Services? ☐ Yes ☐ No

2. Is Breeding done on or off your premises? ☐ Yes ☐ No

If off where is it done?

3. # of Stallions you own used for breeding:

# of Mares you own used for breeding:

4. Describe your breeding operations / process:

### Section 14: Care-Custody - Control Injury/Damage to Non-Owned Horses

☐ No Exposure

Location of Barn	# of Barns	Construction	# of hoses per barn	Max value of any one horse	Distance to Fire Dept.	Are barns heated?

1. Type of Heating: Last heating inspection deeming safe for boarding:

2. Do you use run-in sheds and/or outside stalls exclusively? ☐ Yes ☐ No

3. Do you own, lease or use vehicles in order to transport non-owned horses? ☐ Yes ☐ No



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### Section 14: Care-Custody - Control Injury (Continued)

4. Number of vehicles used at any one time:

Radius of Operation:

Number of trips each year:

5. Distance to your veterinarian:

Distance to Surgical Facility:

6. Do you rehabilitate or provide equine physical therapy for non-owned horses? ☐ Yes ☐ No

If "yes", describe:

7. Do you own, lease or use mechanical devices such as a hot walker or aqua treadmill? ☐ Yes ☐ No

If "yes", describe:

8. Average Number of Horses in your Care-Custody-Control per Month:

Maximum Value any one horse: \$

9. Is there 24 Hour Security and Supervision of stables? ☐ Yes ☐ No

Describe:

Check	Limit per Horse	Policy Year Aggregate		Check	Limit per Horse	Policy Year Aggregate
<input type="checkbox"/>	\$5,000	\$25,000		<input type="checkbox"/>	\$5,000	\$25,000
<input type="checkbox"/>	\$10,000	\$50,000		<input type="checkbox"/>	\$10,000	\$50,000
<input type="checkbox"/>	\$25,000	\$100,000		<input type="checkbox"/>	\$25,000	\$100,000

### Section 15: Horse Shows (Separate application for rodeos)

☐ No Exposure

1. Do you host / sponsor or provide the venue for any horse shows, competitions or exhibitions?  
☐ Yes ☐ No

2. Do you sponsor / hold any horse shows off your premises? ☐ Yes ☐ No

**\* If yes, an event application must be completed**

3. Number & description of shows / exhibitions / competitions held on your premises:

4. Average Number of Spectators at each event:

5. Type of Seating Provided to the Spectators: ☐ Bleachers ☐ Chairs ☐ Bring their own  
☐ Other:

If Bleachers: ☐ Temporary ☐ Permanent

Construction:

Age:

6. Are Medical Personnel present during all events? ☐ Yes ☐ No

Describe:

7. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? ☐ Yes ☐ No





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### Section 16: Owned Horses Pleasure / Personal Use

☐ No Exposure

**I HAVE COVERAGE FOR MY PERSONAL EQUINE ACTIVITIES THROUGH A SEPARATE POLICY AND REJECT COVERAGE** ☐ Yes ☐ No

1. Do you ride your owned horse(s) off-premises? ☐ Yes ☐ No

If Yes – Describe the Activities:

2. Do you participate in Competitions, Shows or Parades? ☐ Yes ☐ No

If Yes – Describe

How Many Competitions, Shows or Parades do you participate in each year?

2. Do you allow friends and family who do not regularly occupy the premises to ride your horses for non-commercial activities? ☐ Yes ☐ No

If yes: Do you require all riders sign the agreed upon waiver regardless of their relationship to you?  
☐ Yes ☐ No

Age	Name of your owned-pleasure use horse	Breed of Horse	Percentage of Ownership	Primary use of the Horse

### Section 17: Guided Pony Rides

☐ No Exposure

**Ponies are defined as horses/burros/donkeys that are a maximum of 40" tall at the withers. Riders less than 8 years old are prohibited from riding horses over 40" tall at the withers.**

1. How Many Years of Experience do you have offering Pony Rides?

2. Check the Type of Pony Rides you Offer: ☐ Carousel ☐ Sweep ☐ Employee Led ☐ Ring Riding - Rider Handles Reins

3. Describe the Area that the Pony Rides are Held.

4. Total Number of Ponies Available:

Max. # of Ponies used at any one time?

5. Are Safety Helmets Mandatory? ☐ Yes ☐ No

6. Describe any Safety Equipment or Harnesses Used?

7. Are the Parent/Guardians of All riders required to sign a Waiver / Release of Liability? ☐ Yes ☐ No

8. How Many Events to you attend annually?



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### Section 17: Guided Pony Rides (Continued)

9. What is the maximum number of ponies you use during each event?

10. What is the average number of ponies you used at each event over a 12 month period?

11. What is the minimum age you allow to ride the ponies?

12. Do ALL participants' Parents / legal Guardian sign a waiver prior to starting activities? ☐ Yes ☐ No

13. Do you use horses that are taller than 40" at the Withers for children's rides? ☐ Yes ☐ No

What is the minimum age of the children you allow to ride on horses/mules/donkeys that are over 40" tall at the withers?

### Section 18: Carriage / Sleigh / Stagecoach / Wagon / Trolley Rides ☐ No Exposure

Type of Unit	# of Units	Passenger Capacity of Unit	# of animals used or type of vehicle pulling the unit	# of rides in a year
Carriage / Buggy				
Sleigh				
Stagecoach				
Wagon / Hay Rides				
Trolley				
Other:				

1. Are units used at night? ☐ Yes ☐ No

2. Do you participate in Parades? ☐ Yes ☐ No If Yes, how many?

Who are the Passengers?

3. Do your units have any of the following? ☐ Hydraulic Brakes ☐ Lights ☐ Reflectors  
☐ Reflective Tape ☐ Slow Moving Vehicle Signs ☐ Turn Signals

4. Are any rides given on or cross over public roads or in Metropolitan Areas? ☐ Yes ☐ No

If yes, describe the type of roads and number of lanes:

5. Are you required to be licensed by any governmental authority to operate? ☐ Yes ☐ No

If Yes, Describe:

6. What is the minimum driver age and experience requirement for drivers?

### Section 19: Petting Zoo

☐ No Exposure

# of Animals	Type of Animal	# of Animals	Type of Animal



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### Section 19: Petting Zoo (Continued)

# of Animals	Type of Animal	# of Animals	Type of Animal

1. Is this a Traveling – Mobile Petting Zoo? ☐ Yes ☐ No

If “yes” – Describe the Events you Attend

2. Are Animals in: ☐ Cages ☐ Pens ☐ Roam Free ☐ Tethered to a tree or post?

3. Are guests allowed to feed the animals? ☐ Yes ☐ No

4. Are Guests allowed to Hold / Pet the Animals? ☐ Yes ☐ No

5. Do you provide a Hand Washing Station? ☐ Yes ☐ No

If “no” – Describe Hand Sanitation:

### Section 20: Camping / Cabins / Lodging / Swimming

☐ No Exposure

1. Total Number of Camping/ Tent Sites Available:

2. Total Number of RV Spaces Available:

Describe Utility Hookups

3. Total # of Cabins:

If Lodge – #of Units:

Date Built:

Construction:

4. Do All Cabins / Lodge Units Have Smoke Alarms? ☐ Yes ☐ No

5. Are Individuals Allowed to Cook within the cabins? ☐ Yes ☐ No

6. Is there a Swimming Pool or Swimming Area Available for Use? ☐ Yes ☐ No

If “yes” – is there a Diving Board or Slide?

7. Are all Local and State Rules & Regulations regarding Signage Complied with? ☐ Yes ☐ No

8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? ☐ Yes ☐ No

10. Have you even received a citation or warning with respects to the pool / spa from State or Local Authorities? ☐ Yes ☐ No

If “yes”, describe the citation and how the citation was remedied:



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### Section 21: Concession / Restaurant

☐ No Exposure

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes?

☐ Yes ☐ No If no, please describe the Fire Protection present:

2. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? ☐ Yes ☐ No If no, please describe why:

3. Have you ever been cited for a health violation? ☐ Yes ☐ No

If yes – describe citation and how remedied:

4. Types of Food Sold:

### Section 22: Retail Sales of Horses

☐ No Exposure

1. How many horses do you sell annually?

How many horses do you Breed Annually?

2. Do you sell horses on Consignment? ☐ Yes ☐ No If yes please attach copy of agreement

3. Is the buyer allowed to Test Ride the Horse Before Purchasing? ☐ Yes ☐ No

If yes, do they sign a Waiver/Release? ☐ Yes ☐ No

### Section 23: Tack & Merchandise

☐ No Exposure

1. Describe your merchandise / items for sale:

2. Do you repair or sell used equipment? ☐ Yes ☐ No

If “yes” – do you have a warranty or guarantee or return policy that you provide? ☐ Yes ☐ No

If “yes” – please provide a copy or describe:

3. Do you Manufacture, Build, Make or otherwise modify any of the Merchandise you Sell?

☐ Yes ☐ No

If “yes” Please Describe:

### Section 23: Guided Equine Activities - Minimum Eligibility Requirements

By affixing my initials I hereby agree to adhere to the following mandatory insurability requirements as a condition for obtaining insurance coverage

Please review and initial that you agree to follow each requirement \*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\*

No.	Initials	REQUIREMENTS FOR ALL ACTIVITIES ( 1-15 )
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident
2.		Drug and alcohol use are prohibited. As such, you shall not allow any person to (a) participate when you know or suspect that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during activities at any time

## Section 23: Guided Equine Activities - Minimum Eligibility Requirements

3.		<b>YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US,</b> recognizing the dangers of the activities. That waiver will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years <b>(WAIVERS ARE NOT REQUIRED FOR CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES BUT ARE HIGHLY SUGGESTED)</b>
4.		A boarding agreement will be used for all boarding of horses owned by others and a copy of the agreement will be provided to us to be approved prior to the commencement of activities.
5.		All applicable safety standards for the operations are to be followed at all times;
6.		Employees must be properly trained and experienced in the operations, and must be experienced horsemen.
7.		You will inspect all the equipment daily, prior to the commencement of activities, and maintain a written log of those inspections.
8.		Lead / Primary Guide, Operator, Instructor or Driver will have an emergency plan in place, a First Aid Kit Immediately Available and must be currently certified in CPR and First Aid, possess all relevant skills and knowledge of operations.
9.		Records of each activity must be maintained for a minimum of 3 years including applicable boarding agreements, waivers or releases of liability, incident reports, and veterinary reports on boarded horses. However, with respect to a minor, all such documentation shall be maintained at least until the minor reaches the age of majority
10.		Riding helmet and safety equipment must be worn by all minors. Riding helmet and safety equipment must be offered and recommended to all riders. Riders under 16 must wear helmets.
11.		<u>8</u> yrs. of age is the minimum age for riders on horses over 40" tall at the withers. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse is permitted.
12.		Under no circumstances will you conduct or permit any form of contest or racing event at any time.
13.		Double riding or bareback riding or vaulting must not be allowed for any equine activity or operation
14.		You and your employees shall abide by all local, state, and federal laws relevant to ALL activities
15.		<b><u>ALL</u></b> incidents and accidents regardless of severity will be reported to the carrier immediately
<input type="checkbox"/> No Exposure (If you conduct Pony Rides review & initial 16-20)		
16.		I confirm that the ponies used in my pony rides operation are 40" or less in height at the withers.
17.		Participant children must be at least 3 years of age on their last birthday. GUIDED PONY RIDES
18.		All participants shall wear properly fitting riding helmets and safety equipment. GUIDED PONY RIDES
19.		A capable adult employee shall lead (on foot) all ponies under the direct supervision of the operator. Alternatively ponies may be tethered to a carousel/pony ring. GUIDED PONY RIDES

## Section 23: Minimum Eligibility Requirements (Continued)

20.		<b>YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US,</b> recognizing the dangers of riding activities will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years and in the case of minors, until the minor reaches the age of majority. <b>GUIDED PONY RIDES</b>
<input type="checkbox"/> No Exposure <b>(If you conduct Carriage/Sleigh/Stage Coach/ Wagon/ Trolley Rides review &amp; initial 21-27)</b>		
21.		Employed drivers must operate all teams or vehicles at all times. All drivers must have at least two years applicable team driving experience. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
22.		All vehicles, carriages, sleighs, stagecoaches and wagons must have slow moving caution symbols displayed on them and have hydraulic or approved mechanical brakes. No braking system is required on hayracks pulled by vehicles with an approved braking system. Lights are required on the front and the back of vehicles pulling the hay wagons and reflectors on the horses' tack, saddle or neck yokes for dusk and night rides. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
23.		All Passengers must be seated while the vehicle is in motion. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
24.		A helper is required, in addition to the driver, for all animal drawn wagons with 6 passengers or more and tractor or vehicle drawn wagons with 12 passengers or more. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
25.		A driver or an assistant must be seated in the drivers seat while loading and unloading passengers from the animal drawn wagons to control sudden movements of the animals. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
26.		Passengers / Patrons must not be allowed to sit or ride alongside the driver. Stagecoach Passengers must remain inside the stagecoach at all times during the ride/trip. <b>CARRIAGE / SLEIGH / STAGECOACH / WAGON / TROLLEY RIDES</b>
27.		Wagons will have sideboards at least two feet above the seating level and have monitored entrance and exit ways. <b>WAGON RIDES</b>
<input type="checkbox"/> No Exposure <b>(If you conduct Guided Trail Rides review &amp; initial 28-36)</b>		
28.		You shall ensure that a properly marked „Trail“ is established that is clearly marked and identified. <b>GUIDED TRAIL RIDES</b>
29.		Riding helmet and safety equipment must be worn by all riders under the age of 16. Riding helmet and safety equipment must be offered and recommended to all riders age 16 and over. <b>GUIDED TRAIL RIDES</b>
30.		<b>8</b> years old us the minimum age for rider. All riders must be matched to horses according to aptitude, ability and size. Each rider must properly fit into his/her saddle and stirrups. Only one rider per horse is allowed. <b>GUIDED TRAIL RIDES</b>
31.		Riders must acknowledge that they are physically and mentally capable of participating in the trail ride. <b>GUIDED TRAIL RIDES</b>
32.		<b>All riders must be accompanied by a guide with a ratio not to exceed six (6) riders to one (1) guide. GUIDED TRAIL RIDES</b>
33.		Riders must not dismount on the trail. If a rider drops anything from a horse, the guide is to retrieve the article. <b>GUIDED TRAIL RIDES</b>



## GUIDED EQUINE PROGRAM INSURANCE

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

### Section 23: Minimum Eligibility Requirements (Continued)

34.		The minimum age for each LEAD/PRIMARY guide is 21 years. Younger guides may accompany an older guide. All guides must be employed by the stable and have at least two years horse riding experience. All guides must have a current CPR and First Aid certificate / certification. GUIDED TRAIL RIDES
35.		You will inspect all equipment, saddles, tack etc. daily, prior to the commencement of activities. You will maintain and keep a written log of those procedures. GUIDED TRAIL RIDES
36.		Under no circumstances will you conduct or permit any form of contest or racing event at any time. <b>GUIDED TRAIL RIDES</b>

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL

No.	Explanation and Comments:

**\*\*I understand that coverage cannot be considered bound until I have initialed and agreed to meet all the minimum eligibility requirements as set forth above and/or any exceptions I requested have been approved by the carrier.**

**By signing the APPLICATION; GUIDELINES & FRAUD WARNING you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.**

Applicant Signature & Title	Date:
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FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: