

Return your application by:  
- email to [helpdesk@stratuminsurance.com](mailto:helpdesk@stratuminsurance.com)  
- fax to 949-270-0608

## Equine & Horse Drawn Vehicle Insurance Program

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As programs may vary, some questions may not be applicable. Please indicate "N/A" where necessary.

### General Insured Information

Proposed Policyholder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address (if different) \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

How would you like to receive your quotation? Via Fax \_\_\_\_\_ Via Email \_\_\_\_\_

### Prior Insurance Information

Please provide the past three years claims experience if applicable. Currently valued loss runs are required to obtain a quotation if there has been prior insurance coverage.

Is the applicant currently insured?  Yes  No

Current insurance company \_\_\_\_\_

Current expiring premium \_\_\_\_\_

Has prior insurance ever been cancelled or non-renewed?  Yes  No

If yes, provide details \_\_\_\_\_

Have there been any claims in the past three years?  Yes  No

Have there been any incidents, occurrences or errors likely to become a claim within the last three years?  Yes  No

Have there been any head injury claims, incidents, occurrences or errors within the last 5 years?  Yes  No

If yes, enter all claims or losses (regardless of fault or coverage available/provided) Or occurrences that may give rise to claims

Date of Occurrence	Description of Claim	Paid Amount	Reserve Amount	Open/Closed

## General Underwriting Information

**PLEASE NOTE: THE FOLLOWING ARE INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED UNDER THE POLICY:**

**Mechanical Bucking Devices (Including Multi Ride Attachments), Zip Lines, Permanent Rock Wall Structures, Horse Vaulting (Jumping) Activities, Trick/Stunt Riding, Racing Exposures, Leasing Horses, Boarding Only Operations.**

What length of coverage are you looking for?  Annual    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

Overview of all operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of experience operating or working for this type of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What equine exposures do you offer? Please also complete application section for any exposures indicated.  
(you may estimate if you are new in business)

Equine Exposures:

Approximate Annual Gross Receipts:

Carriage/Horse Drawn Vehicle Rides

\$ \_\_\_\_\_

Pony Rides

\$ \_\_\_\_\_

Petting Zoo

\$ \_\_\_\_\_

Riding Instruction

\$ \_\_\_\_\_

Horse Related Camp

\$ \_\_\_\_\_

Guided Trail Rides

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

Total Annual Receipts:

\$ \_\_\_\_\_

Location of Operations    Onsite Offsite Details \_\_\_\_\_

**Safety Precautions:**

Are waiver & release forms required for all participants?                    Yes No

Do you Have a risk management plan in place?                                    Yes No

If pony or horse riding, are helmets required?                                    Yes No

Do you have concussion protocols in place?                                        Yes No

Do coaches/trainers receive concussion management training                    Yes No

Are athletes/participants removed from the activity as soon as  
concussion symptoms are observed?    Yes No

Are concussed athletes or participants returned to play only  
with written clearance by the evaluating medical professional?                    Yes No

Explain All Safety Precautions/Procedures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any other non-equine exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any of the following? If yes, please provide details.**

Boarding of non-owned horses or other animals?                    Yes No \_\_\_\_\_

Farming or breeding operations?    Yes No \_\_\_\_\_

Fall Festival or Pumpkin Patch?    Yes No \_\_\_\_\_

Pool or other water exposures on property?                                        Yes No \_\_\_\_\_

Inflatables or amusements? Yes No \_\_\_\_\_

Zip lines? Yes No \_\_\_\_\_

Rock walls? Yes No \_\_\_\_\_

**Carriage/Horse Drawn Vehicle Rides**

Types of Vehicles Used	Description of Vehicle	Number of Vehicles	Number of Horses
Carriage / Wagon			
Cart			
Sleigh / Sled			
Other (Describe)			

Safety Measures in Place: Hydraulic Brakes Lights Reflectors Slow Vehicle Emblems

Driver Information: Name \_\_\_\_\_ Age \_\_\_\_\_ Years Experience \_\_\_\_\_

Driver Information: Name \_\_\_\_\_ Age \_\_\_\_\_ Years Experience \_\_\_\_\_

Are you primarily operating at events (weddings/parades) or for permanent set routes (tours)? Provide description:

\_\_\_\_\_

Are horses or vehicles left unattended when in use? Yes No

Are passengers assisted upon entering or exiting vehicles? Yes No

Are you required to have a license in the city/state you are operating in? Yes No  
If yes, please provide license.

## Pony Rides

Type of pony rides that you give: Hand-Led Carousel Other \_\_\_\_\_

Do you use any type of pony ride enclosure? \_\_\_\_\_

Where are rides occurring? On your premises Off your premises

If off premises, where are rides given? \_\_\_\_\_

Do you strap children to ponies, saddles or carousel? Yes No

If yes, please explain: \_\_\_\_\_

## Petting Zoos

Is your petting zoo Stationary Mobile

Do you have a sanitation station? Yes No

List Species of all animals in your petting zoo and the number of each

Animal Species	Number

## Riding Instruction & Horse Related Camps

Estimated number of annual instruction students: \_\_\_\_\_

Estimated number of short term camp participants: \_\_\_\_\_

Are camps day only or overnight? \_\_\_\_\_

Estimated number of show participants? \_\_\_\_\_

Do you attend off site shows with your students? Yes No

Please check all instruction that apply: English Western Dressage Jumping/Vaulting Stunting  
3 Day Eventing (Horse Trials) Gaming Rodeo

Do students use their own horses or stable horses? \_\_\_\_\_

**Guided Trail Rides**

Are all rides guided? Yes No

If no, please provide details: \_\_\_\_\_

Are riders pre-screened to determine ability? Yes No

Are rides provided during daylight hours only? Yes No

Are there any water crossings during the ride? Yes No

Is anything above a trot allowed? Yes No

Do you have any weight or age restrictions? Yes No

If yes, please describe in detail: \_\_\_\_\_

Are riders under a certain age required to wear a helmet? Yes No

Please explain: \_\_\_\_\_

**Additional Insureds**

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Additional Insureds requiring Waiver of Subrogation Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

## Acknowledgments & Signatures

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted.

Signed for the Proposed Policyholder	Signed by Licensed Agent	Agency Name and License Number
	949-270-0609	helpdesk@stratuminsurance.com
Date	Agent Phone Number	Agent Email Address
	10620 Southern Highlands Pkwy #110-276, Las Vegas NV 89141	
	Agency Mailing Address	