

# Equestrian Day Camp Supplemental Application

Applicant: \_\_\_\_\_  
Quote #: \_\_\_\_\_

Producer: Cheval Insurance Services Number: 326  
Requested Effective Date: \_\_\_\_\_

**Operations must utilize Liability Waivers signed by Parent/Legal Guardian to be eligible for coverage consideration. All riding activities must utilize Safety Helmets to be eligible for coverage consideration. Operations which fasten or tie children to the saddle, pony, or carousel are not eligible for coverage consideration. All riding activities must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.**

Do you operate your Equestrian Day Camp operations under another name? Yes  No

If yes, please provide: \_\_\_\_\_

Do you offer your Equestrian Day Camp operations in cooperation with other organizations? Yes  No

If yes, please provide name of organization and explain: \_\_\_\_\_

How many years experience with Day Camps: \_\_\_\_\_

Average cost per camper per session: \$ \_\_\_\_\_

Number of sessions per year: \_\_\_\_\_ Length of each day's session: \_\_\_\_\_ Total Length of each Day Camp session: \_\_\_\_\_

Dates of Day Camp Sessions: \_\_\_\_\_

**Note: If dates have not been set, Written Notice of the Day Camp must be received in our office prior to the Day Camp dates. Coverage is not provided for Day Camps that have not been declared to the Company in advance of the Day Camp.**

Estimate number of Day Campers per session: \_\_\_\_\_

Minimum age of Campers: \_\_\_\_\_

Are all Day Campers regular students in your lesson program? Yes  No

If no, please provide approximately how many are **NOT** in your lesson program and explain: \_\_\_\_\_

Give ratio of Counselors to Day Campers: \_\_\_\_\_

Minimum age of Counselors: \_\_\_\_\_  
*(Counselors must be at least 16 years old for coverage to be provided.)*

How long have your Counselors worked for your operation? Average: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Are Liability Waivers signed by Parent/Legal Guardian? Yes  No

Are Safety Helmets mandatory? Yes  No

Other safety procedures (explain): \_\_\_\_\_

Do you ever fasten (tie) children to any part of the saddle, pony, or horse? Yes  No

Are all riding activities conducted in an enclosed area? Yes  No

Type of enclosure:  Round Pen  Small Arena  Small Paddock (Less than 1/2 acre)  Other: \_\_\_\_\_

List all Equestrian Day Camp Activities: \_\_\_\_\_

List all Non-Equestrian Day Camp Activities: \_\_\_\_\_

Do you permit early drop off and/or late pick up of campers? Yes  No

If yes, explain timing and activities available: \_\_\_\_\_

Do campers have access to trampolines, climbing apparatuses, or other equipment? Yes  No

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

Do you have any Off Premises activities? Yes  No

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

Do you offer overnight camps? Yes  No

If yes, please attach a separate sheet and describe the housing accommodations which you provide or which the campers provide, describe the number of adults providing overnight supervision and their relationship, describe all overnight activities offered, and describe any activities off premises.

**REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.**

**Annual Gross Revenue from Equestrian Day Camp Activities**

Day Camps: \$ \_\_\_\_\_ Other: ( \_\_\_\_\_ ): \$ \_\_\_\_\_ **Total Annual Gross Revenue: \$ \_\_\_\_\_**

**NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!**

*I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement. 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 a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.*

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_