

Cheval Insurance Services

Equestrian, Sports and Recreational Insurance

License # 0A99003

PO Box 2933 Fullerton, CA 92837

(714) 447-9191 FAX (714) 525-9191

SUPPLEMENT TO COMMERCIAL EQUINE LIABILITY APPLICATION FOR EXPOSURES OF PONY RIDES AND CARRIAGE RIDES

PONY RIDES

NO EXPOSURES

ALL PONY RIDES MUST BE GIVEN IN AN ENCLOSED AREA. ROPE OR WIRE ENCLOSURES ARE NOT ACCEPTABLE.
ALL PONY RIDES MUST UTILIZE SAFETY HELMETS FOR COVERAGE TO BE PROVIDED.

Avg Charge per Pony Ride _____ No. of rides per year _____
 No. of year Pony Ride Business Experience _____
 Type: Carousel Handheld Ponies Ring Riding Sweep Other: Explain _____
 Are all pony rides conducted in an enclosed area? Yes No
 Round Pen Small Arena Small Paddock (less than 1 acre)
 Max No. of Ponies used at any one time _____ Are safety Helmets Mandatory? Yes No
 Types of off premises locations where rides are given _____
 % Rides off Premises _____
 Explain off premises activities, locations and type of enclosure used: _____
 Do you fasten children to saddle, pony or carousel? Yes No
 Pony Ride Revenues _____

HORSE DRAWN VEHICLE RIDES

NO EXPOSURES

Explain Vehicle Rides

	Max # Vehicles	Max # Horses per Vehicle	Max # Passengers per Vehicle
Hay Rides	_____	_____	_____
Sleigh/Sled	_____	_____	_____
Buggy, Carriage, Surrey	_____	_____	_____
Other: _____	_____	_____	_____
Max # Vehicles used at one time	_____		
Safety Equipment Employed	<input type="checkbox"/> Hydraulic Brakes <input type="checkbox"/> Lights <input type="checkbox"/> Reflectors		
<input type="checkbox"/> Slow Vehicle Emblems	Other Safety Equip _____		
Percentage of Rides given on Public Roadways	_____		
Are Rides given on metropolitan city roads?	_____		
Do you give rides after dark?	_____		

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 and 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 that any policy issued will not provide Worker's Compensation.

Applicant's Signature: _____ Date _____

Print Name: _____