

Equestrian Day Camp Supplemental Application

Applicant: _____ Producer: **Main Street Insurance Agency, Inc.** Number: **308**
 Quote #: _____ 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: _____