

Minnesota Joint Underwriting Association
445 Minnesota St Suite 514
St. Paul, MN 55101
1-800-552-0013 or 651-222-0484
Fax: 651-222-7824

Supplemental Riding Stable Application

- 1. Proposed insured: _____
- 2. Mailing address: _____

- 3. Operating season: _____
- 4. Hours of operation: _____
- 5. Describe activities to which this insurance would apply: _____

6. Annual figures:

Year	# of Riders	Gross Receipts Trail Rides Only	(Hay/Sleigh/Pony) Gross Receipts Other Activities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Patron age group percentages:
- 0-6 _____% 7-13 _____% 14-18 _____% 19 and over _____%

8. Explain pricing procedure: _____

9. Local medical facility: _____
Miles from your site: _____
Address and phone: _____

10. Describe on-site first aid facility, personnel, and equipment: _____

11. Describe area/terrain used for trail rides: _____

12. Do you own the property on which rides are conducted? _____

13. Who is responsible for maintaining trails and checking them for possible safety hazards? _____

14. List names, age, and give brief description of experience for anyone authorized to act as a trail guide: (Attach additional pages if necessary)

Name	Age	Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Are all trail guides trained and certified in first aid procedures? _____

16. Is a safety presentation made to all patrons prior to mounting their horses? _____

If yes, describe: _____

17. Are rules and warnings posted conspicuously? _____

Describe: _____

18. Attach copies of disclosure forms and "Assumption of Risk" waivers to be filled out by each rider.

19. List current insurance carriers for the coverages listed:

	Company	Policy #	Describe Coverage
Property:	_____	_____	_____
Other	_____	_____	_____
Liability	_____	_____	_____
Policies:	_____	_____	_____
	_____	_____	_____

I, the undersigned, certify and attest that I have been unable to obtain through ordinary methods, the insurance I am applying for with this application and the information contained in this application is true and complete.

Applicant Signature

Date