

Minnesota Joint Underwriting Association
 12400 Portland Ave S, Suite 190
 Burnsville, MN 55337
 1-800-552-0013 or 952-641-0260
 Fax: 952-641-0274
www.mjua.org

RIDING STABLE COMMERCIAL GENERAL LIABILITY INSURANCE
 RENEWAL APPLICATION
 CLAIMS MADE INSURANCE

INSURED INFORMATION

Policy Number: _____

1. Named insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

2. Operating season: _____

3. Hours of operation: _____

4. Describe activities to which this insurance applies: _____

5. Years in Business: _____ Number of full time staff: _____ Part time: _____

6. Annual figures (last three years):

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

7. Patron age group percentages:

0-6 _____% 7-13 _____% 14-18 _____% 19 and over _____%

8. Explain pricing procedures: _____

9. Local medical facility: _____ Miles from your site: _____

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 a 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 a sample copy of the Disclosure form used in your business. Disclosure forms must include the name and policy number of such rider's medical insurer, and affirm in writing that they are not under the influence of drugs or alcohol.

19. Attach a sample copy of the Waiver of Liability and Assumption of Risk form used in your business that releases all insureds from any liability.

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA?

_____ No _____ Yes

If Yes, identify the percentage amount of the insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

Is the insurance for which the insured is obtaining from MJUA required by statute, ordinance, or otherwise required by Minnesota law?

_____ No _____ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

_____ No _____ Yes

SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Insured's Signature: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____