

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 Application

1. Proposed insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

2. Operating season: _____

3. Hours of operation: _____

4. Describe activities to which this insurance would apply: _____

5. Annual figures:

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

6. Patron age group percentages:

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

7. Explain pricing procedure: _____

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

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

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

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

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

13. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

15. Is a safety presentation made to all patrons prior to mounting their horses? _____
If yes, describe: _____

16. Are rules and warnings posted conspicuously? _____

Describe: _____

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

18. List current insurance carriers for the coverages listed:

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

PRIOR CARRIER INFORMATION (Attach copy of most recent policy and application)

Year	Carrier	Policy Number	Limits BI/PD	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS AND CLAIM HISTORY (Attach further sheets if needed.)

Enter all losses and claims for the prior 5 years. If aggregates are provided, please indicate the number of claims and explain all claims exceeding \$5,000.

Date of loss: _____ Type of loss:

Amount paid: _____ Reserve:

Description: _____

Date of loss: _____ Type of loss:

Amount paid: _____ Reserve:

Description:

APPLICATION REQUIREMENT

AS PART OF YOUR APPLICATION, YOU ARE REQUIRED TO SUBMIT ONE REJECTION OF COVERAGE FROM A STANDARD INSURANCE CARRIER.

A WRITTEN QUOTE PROVIDED BY AN INSURER AT A RATE IN EXCESS OF 110% OF PLAN RATES FOR SIMILAR COVERAGE IS DEEMED TO BE A WRITTEN REJECTION.

Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA?
_____ No _____ Yes

If Yes, identify the percentage amount of the applicant'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 applicant is applying for 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.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.
(“Yes” answers do not require explanation)

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

_____ No _____ Yes

I, the undersigned, certify and attest on behalf of the applicant 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.

_____ No _____ Yes

Please identify the name of the insurance company who has refused to provide coverage to the applicant and the date of the refusal.

Was the refusal to provide coverage by another insurer based on an offer of coverage at a rate in excess of the rate that would be charged by the MJUA for similar coverage and risk?

_____ No _____ Yes

If Yes, and the rate for coverage offered is more than 10% in excess of the MJUA's rates for similar coverage and risk, or 20% in excess of the MJUA's rates for liquor liability coverages, attach a copy of such written offer to this application. *NOTE that pursuant to Minn. Stat. 62I.13, Subd. 2, "[i]t shall not be deemed to be a written notice of refusal if the rate for coverage offered is less than ten percent in excess of the joint underwriting association rates for similar coverage and risk or 20 percent in excess of the Joint Underwriting Association rates for liquor liability coverages."*

If No, provide further explanation.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____