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: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced. The portion of your annual premium that is attributable to coverage for acts of terrorism is, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A $100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

_____

Policyholder/Applicant's Signature

_____

Print Name

_____

Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____