

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](http://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
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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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
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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: \_\_\_\_\_