

# Driving Horse Personal Liability Supplemental Application

Applicant: \_\_\_\_\_  
 Quote #: \_\_\_\_\_

Producer: \_\_\_\_\_ Number: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

**Only driving horses used for personal use (pleasure, show, competition) are eligible for coverage consideration.  
 Horses driven for rides to the general public or rented/hired out are not eligible for coverage consideration.  
 Horses used for any pulling contests or any other strength contests are not eligible for coverage consideration.  
 Horses driven primarily on public roads are not eligible for coverage consideration.**

Name(s) of horses used for driving: \_\_\_\_\_

Do you give vehicle rides to the public? Yes  No   
 Do you ever rent/hire out your vehicle(s) to anyone? Yes  No   
 Are your horses ever used in any kind of pulling contests or any other strength contests? Yes  No   
**If you answered "Yes" to any of the above questions, ask your broker for more information about coverage options.**

Years experience driving Horse Drawn Vehicles: \_\_\_\_\_

Description of location(s) used for driving: \_\_\_\_\_

Description of any shows or competitions you attend: \_\_\_\_\_

Do you ever drive on, or cross over, public roads? Yes  No   
 Do you ever drive on City and/or Metropolitan Roads? Yes  No   
 If yes, please provide details: \_\_\_\_\_

Do you ever drive in parades? Yes  No

Number of parades driven in annually: \_\_\_\_\_ Please provide parade names, dates, locations, and describe parade size: \_\_\_\_\_

Describe any passengers on your vehicles in parades such as parade marshals, parade royalty, elected officials, etc.: \_\_\_\_\_

Describe any promotional or advertising material you display on your vehicles in parades: \_\_\_\_\_

Are your vehicles used at night? Yes  No

Please indicate if your Horse Drawn Vehicles have the following equipment:  
 Hydraulic Brakes     Lights     Reflectors     Slow Moving Emblems     Ladder     Mobile stairs  
 Other: \_\_\_\_\_

Do you ever take passengers on your vehicles? Yes  No

Please describe any passengers that you might permit on your vehicles and their relationship to you: \_\_\_\_\_

Do you require Safety Helmets be worn? Yes  No

Other safety procedures (explain): \_\_\_\_\_

**Please provide a description of the vehicle(s) used for driving.**

Description of Vehicle	Maximum Number of Horses Per Vehicle	Maximum Number of Passengers Per Vehicle	Is vehicle subject to license or registration? If yes, describe.
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
			Yes <input type="checkbox"/> _____ No <input type="checkbox"/>

**THIS POLICY COVERS PERSONAL USE ONLY. NO COVERAGE WILL BE PROVIDED FOR ANY COMMERCIAL OPERATIONS OR USES.**  
 I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. **No coverage is provided for Race Horses and/or Horses in Race Training.**

(Must be signed and dated)

Applicant's Signature: \_\_\_\_\_