Community Associations SLEIGH RIDES / CARRIAGE RIDES



Name of Incurred/Area			
Name of Insured/Area:			
Address:			
Date(s) of Activities:			
Location(s) of Operation:			
Months of Operation:			
Receipts generated: \$			
Is a Release signed by participants (attach copy):	\square Y	'es	□No
Who is conducting this activity:			
If consessioned:			
Are certificates of insurance required?	□Y	⁄es	□No
What liability insurance limits is required:			
What experience does person in charge of operation have?			
Furnish 5 years loss history if any:			
Are the vehicles horse drawn?	Y	'es	□No
Who owns the horses?			
Are the horses being kept on premises?	/	/es	□No
Where?			
Who owns the vehicles?			
Do the vehicles have hydraulic or mechanical brakes?		Yes	□No
Do hay wagons have controlled access and egress ways?	`	Yes	□No
Do hay wagons have sideboards at least 2 feet above the seating level?	Y	⁄es	□No
Number and capacity of sleighs/wagons/carriages:			
Are maintenance and periodic inspection records kept for each vehicle:		⁄es	□No
Is a "Helper" required for all animal drawn wagons with 6 or more passengers or vehicle drawn			
wagons with 12 or more passengers?	Y	Yes	□No
Do you require an outrider?	<u> </u>	⁄es	□No
What are the ages and experience of the drivers:			
Are there any dusk or night rides?		Yes	□No
If yes, are lights required on the front and back of wagon and reflectors on the horses' tack saddle			
or neck yolk?		Yes	□No
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