



## **Proposal to Boone County Alternative Program**

### **Overview of Seven Oaks Farm**

*Seven Oaks Farm* has been providing visits with our miniature horses for over 8 years and serving the greater Cincinnati area. We have created programs for and worked with the Cincinnati Police Department, the Cincinnati Reds, the Hamilton Police Department, Children's Hospital at College Hill, and Ronald McDonald House. We have received many awards for our efforts in our community and the services we provide. We have created anti-bullying programs for our local private and public schools and visit over 85 senior care facilities in and around Cincinnati.

Currently we have teams training throughout the US, Canada, England, Greece and Australia. We are insured and can provide references upon request.

### **Visit with Boone County Alternative Program**

Seven Oaks Farm will provide the miniature horses (2-4) and handlers for each visit. One trained handler is assigned to each miniature horse. A visit will be no more than 90 minutes and will consist of letting students pet the horse, brush them, or lead the horse with handler assistance. We will also provide education on the care and maintenance of the horses and general horsemanship. Missy Wanner will work with Lisa Moad and our staff to create a program for the specific class.

We will provide one visit per week on Fridays afternoons from April 30<sup>th</sup> – May 28<sup>th</sup> at a cost of \$150 per visit that will cover cost related to travel and use of horse teams. Visits are dependent on weather. There is no additional cost for cancellations. We request a 24-hour notice when possible. We will need parking to load and unload our horses.

We have included a Proof of Insurance for your school named and have maximum insured ability thru Horse Insurance Specialist.

### **Proposed Visit Dates**

Friday, April 30<sup>th</sup>.

Friday, May 7<sup>th</sup>

Friday, May 14<sup>th</sup>

Friday, May 21<sup>st</sup>

Friday, May 28<sup>th</sup>



INVOICE # NO. 100  
DATE: 03/22/2021

**EXPIRATION DATE: 04/22/2021**

TO RISE Academy  
Boone County Schools  
99 Center Street  
Florence, KY 41042  
(859) 282-2163

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
5	90 minutes of student therapy via horse interactions	\$150.00	\$750.00
SUBTOTAL			\$750.00
SALES TAX			
TOTAL			\$750.00

This is a quotation on the goods named, subject to the conditions noted below: Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.

To accept this quotation, sign here and return:

**THANK YOU FOR YOUR BUSINESS!**





SEVEOA1

OP ID: TF

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Horse Insurance Specialists PO Box 999 Pilot Point, TX 76258 Stacy Peters		<b>800-346-3271</b>	<b>CONTACT NAME:</b> Stacy Peters <b>PHONE (A/C, No, Ext):</b> 800-346-3271 <b>FAX (A/C, No):</b> 940-686-5375 <b>E-MAIL ADDRESS:</b> stacy@horse-insurance.com	
<b>INSURED</b> Seven Oaks Farms Miniature Therapy Horses 2534 Millville Shandon Rd. Hamilton, OH 45013		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Argonaut Insurance Company		19801
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ELP0206353-04	02/19/2021	02/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 0
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Liability coverage for personal horses off premise for therapy visits.

## CERTIFICATE HOLDER

## CANCELLATION

Rise Academy  
99 Center St.  
Florence, KY 41042

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE