



[Agriculture Lines]

## EQUINE LIABILITY APPLICATION

# EQUINE LIABILITY APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Broker Phone: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Additional Documentation to be included with your application:**

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

## PART 2 FARM & ANIMAL COMMERCIAL GENERAL LIABILITY, INCLUDING INJURY TO PARTICIPANTS AND EXCLUDING RODEOS, RODEO ASSOCIATIONS, UNESCORTED RIDING/ RENTAL OPERATIONS AND ANY OPERATIONS NOT DECLARED

Please indicate \$ for each business operations	Equestrian Center	\$	Horse Owner	\$	Horse Club	\$
	Horse Breeder	\$	Riding Instruction	\$	Pony Rides	\$
	Tour Guide (other than any horse related activities)	\$	Horse Boarding	\$	Farrier	\$
	Trail Rides	\$	Horse Trainer	\$	Other (not listed above):	\$
	Wagon Rides	\$	Sleigh Rides	\$	Describe:	

Age of Property (ies) you own or occupy: \_\_\_\_\_

Location, if different from above: \_\_\_\_\_

Indicate number of show days per annum held on your premises: \_\_\_\_\_

Indicate number of clinic days per annum held on your premises: \_\_\_\_\_

Indicate number of animals that you own or lease: \_\_\_\_\_

Racing: \_\_\_\_\_ Breeding: \_\_\_\_\_ Lessons: \_\_\_\_\_ Other: (usage not listed above) \_\_\_\_\_

Describe 'Other': \_\_\_\_\_

**RIDING INSTRUCTION (include names, ages, and qualifications of all instructors to be insured):**

Indicate Gross Revenue from Riding Instruction: \_\_\_\_\_

**HORSE TRAINERS (Indicate number of horses trained per annum):**

Racing: \_\_\_\_\_ Equestrian: \_\_\_\_\_ Other: (usage not listed above) \_\_\_\_\_

Describe 'Other': \_\_\_\_\_

**TRAIL RIDE/ DUDE RANCH/ TOUR GUIDE LIABILITY (Provide estimates of the following for the next 12 months):**

Gross Revenue: \$

Maximum number of customers per trip:

Maximum number of customers per guide/ wranglers:

Average number of days per trip:

List or attach names, ages and qualifications of all trail guides/ wranglers:

Do you sell food or alcohol?  Yes  No

If Yes, estimate annual gross revenue for the sale of: Food: \$

Alcohol: \$

**HORSE CLUB LIABILITY:**

Estimate the following:

a) Total membership of your club:

b) Number of directors and active volunteers:

c) Gross annual club revenue:

If you have any other operations not declared including but not limited to riding camps, dances, parades, task, sales, etc., attach a detailed description of these operations.

**PART 3 STABLEMANS LIABILITY NON OWNED HORSES IN YOUR CASE CUSTODY CONTROL**

Do you board, train or care for horses owned by others?  Yes  No

If Yes, do you wish Legal Liability Protection with respect to Damage or destruction of these horses?  Yes  No

If Yes, estimate the number of non-owned horses for the following:

	MAXIMUM	MINIMUM
a) Train for racing:		
b) Board:		
c) Other: (usage not listed above)		
Describe 'Other':		
<b>TOTAL</b>		

Do you transport non-owned horses?  Yes  No

a) How many horse trailers do you own/ operate?

b) Combined stall capacity of all trucks/ trailers:

c) Estimate annual trailer miles:

Do your clients sign waivers, boarding agreements and/ or other contractual agreements for all your equine activities?  Yes  No

(If Yes, please attach samples of such documents)

## PART 4 TENANTS FIRE LEGAL LIABILITY

Do you rent buildings owned by others with respect to your operations, shows, clinics, meetings, dances, etc?  Yes  No

If Yes, do you wish Legal Liability Protection with respect to fire damage to buildings owned by others and in your control?  Yes  No

If Yes, estimate:

a) Annual number of premises rental days:

b) Largest premises occupied (square feet):

c) Type of premises rented:

Describe type of premises rented:

## PART 5 EQUESTRIAN ACCIDENT BENEFITS

Do you wish Equestrian Accident Benefits for riders and passengers? (see page 4 for limits)  Yes  No

If Yes, indicate average number of participants at:

Shows:

Clinics:

If other, please describe:

## PART 6 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Commercial Agriculture** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial Agriculture** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

## PART 7 CLAIMS HISTORY

a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or:  Yes  No

b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or:  Yes  No

---

c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or:  
 Yes  No

---

d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?  Yes  No

---

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$

\*Please attach any available insurance company loss reports with this application

# NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.**

Signature of Applicant:

Position:

Please print name here:

Date:

## BROKER DECLARATION

How long have you known the Applicant?

---

Is this account new or renewal to you?

---

Have you personally viewed the Applicant's operations?

---

What is the condition of the facilities and equipment?

---

What is the applicant's attitude toward risk management and insurance?

---

Do you recommend this Applicant?

---

Broker Signature:

Position:

Please print name:

Date: