



COMMERCIAL EQUINE GENERAL LIABILITY APPLICATION FOR EQUESTRIAN FACILITIES / OPERATORS

THIS IS NOT A BINDER. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE RETURNED

GENERAL INFORMATION

INSURED'S NAME AS IT IS TO APPEAR ON THE POLICY: _____

OPERATING NAME OF BUSINESS/FARM: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

LEGAL ADDRESS OF PREMISES: LOT _____ CONCESSION _____ COUNTY _____

DO YOU OWN? Yes No OR LEASE? Yes No

ARE YOU A MEMBER OF A RECOGNIZED EQUESTRIAN ORGANIZATION(S)?

INSURED IS: INDIVIDUAL CORPORATION PARTNERSHIP

Please advise all names of Partners or Officers of Corporation:
ADDITIONAL INSUREDS TO BE NAMED ON POLICY (please explain working relationship)

If leased, who is the registered owner?
Name: _____
Address: _____

TOTAL ACREAGE OF FARM: _____ Any crops grown? Yes No

Do you own/lease any other property? Yes No
If Yes, please provide legal address & purpose of lease _____

Do you (sub) lease any part of the premises to others? Yes No
If Yes, for what purpose _____

Is this the full time occupation/activity of the applicant? Yes No

1) If No, what is the full time occupation: _____

2) If Yes, length of time in business at this location: _____

3) Please explain total experience in the equestrian field including years _____

PROPOSED EFFECTIVE DATE OF THIS INSURANCE: _____

LIMITS REQUIRED

1,000,000

2,000,000

DECLARATION OF OPERATIONS

<input type="checkbox"/> Boarding/Breeding	#yrs _____	<input type="checkbox"/> Horse Shows	#yrs _____	<input type="checkbox"/> Pony Rides*	#yrs _____
<input type="checkbox"/> Camp Operations	_____	<input type="checkbox"/> NARHA Facility	_____	<input type="checkbox"/> Training Race/Show	_____
<input type="checkbox"/> Rodeo*	_____	<input type="checkbox"/> Horse Sales	_____	<input type="checkbox"/> Riding Instruction*/Clinics	_____
<input type="checkbox"/> Pleasure	_____	<input type="checkbox"/> Racing	_____	<input type="checkbox"/> Trail/Endurance Rides*	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Hay/Sleigh Rides	_____		

BUILDING CONSTRUCTION INFORMATION

Building	Construction & Dimensions	# of Stalls	Fire Ext Y or N	# of Fire Ext	Smoke Alarms	# of Smoke Alarms

Is there an indoor arena on the property? Yes No

Is there a viewing room? Yes No

Is there a swimming pool on the property? Yes No

If Yes, dimensions: _____ depth: _____ use: _____

Is there a pond on the property? Yes No

If Yes, dimensions: _____ depth: _____ use: _____

What type of fencing is used on property? _____ Age of fencing: _____

Is fencing in good repair? Yes No

Are there gates to any/all road accesses? Yes No

Are there any Texas Gates or Man Gates on main roadway accesses? Yes No

What type of latch or chain system is used on gates? _____

Are there shelters provided in Paddocks/Runs/Pastures? Yes No

WHO IS RESPONSIBLE FOR THE MAINTENANCE OF BUILDINGS, FENCING ETC.? _____

Do you have bleachers or grandstands? (please submit photo) Yes No

Is the construction: Wood Steel Age _____ Condition _____ Height _____ Capacity _____

Are they: Owned Rented

Are they: Permanent Temporary

Do they have handrails? Yes No

Who erects and/or maintains the bleachers? _____

COACH / TRAINER / INSTRUCTOR QUALIFICATIONS

Coaches, Trainers, Instructors are all required to have the same qualifications as listed below:

Certified – list all organizations that apply or attach certificates: _____

Uncertified – require a minimum of 6 years documented experience. Please attach to application.

**** Outside Coaches will not be insured by this policy for their activities. If they operate on your premises, it is a requirement of this insurance that they provide proof of liability insurance with appropriate coverages and limits. Further, it is required that they name you on their policy as Additional Insured and that we receive a copy of this endorsement.**

SHOWS AND CLINICS

SHOWS

Do you organize or operate horse shows ON the premises? Yes No OFF premises? Yes No
Rodeo type events may require the completion of a supplemental form.

If Yes, how many shows do you operate annually? _____

How many days does each show run? _____

What is the maximum number of participants on grounds per show day? _____

What is the maximum number of spectators on grounds per show day? _____

Describe security and safety procedures at events: _____

Type of show:

(a) Non-Permit shows (boarders/members only) Yes No

(b) Non-permit (open) Yes No

(c) Equine Canada Permit (Sanctioned) Yes No

IF EQUINE CANADA PERMIT SHOW(S), PROVIDE DATES REQUIRED: _____

(d) Do you provide stabling for competing (outside) horses? Yes No On or Off your premises:

How many horses participate at the shows? _____

What type of classes do you offer at the shows? _____

CLINICS

Do you organize or operate clinics ON the premises? Yes No OFF premises? Yes No

If Yes, how many clinics do you operate annually? _____ How many days for each clinic? _____

How many participants at each clinic? _____ How many participants are boarders? _____

Type of clinic: Western Combined Training Hunter/Jumper Dressage Other (specify) _____

Are the clinicians insured separately under their own policy? Yes No

RIDING INSTRUCTION

Do you provide Riding Instruction **ON** your premises? Yes No

Do you provide Riding Instruction **OFF** premises? Yes No

Do you own or lease horses used for riding instruction? Yes No

If yes, **how many** (maximum)? _____

Do you own any horses not used for riding instruction? Yes No

If yes, **how many**: _____

Please describe activity/use: _____

If you provide riding instruction please indicate the total number of pupils:

(a) Number of students who are boarders: _____

(b) Others - please describe: _____

(c) Number of students OFF premises: _____

Average number of students (EXCLUDING BOARDERS) during the winter months: _____

Average number of students (EXCLUDING BOARDERS) during the summer months: _____

Who gives the riding instruction? _____

List qualifications, experience and **AGE** of all instructors including yourself if you give lessons:

Are instructors (circle correct answer) **Owners** **Employees** **Contract instructors**

What type of lessons are provided? Western Pleasure/Halter Games

English Equitation Hunter/Jumper Dressage Combined training (3 day) Vaulting

Other (describe): _____

Do you provide riding instruction to the physically or mentally handicapped? Yes No

If Yes, please indicate: # of Students: _____ Ages: _____

Who gives the instruction: _____ # of side walkers: _____

Age and Qualifications of: Instructor: _____ Horses: _____

Do these clients come to the farm as individuals or as part of a group? _____

Do any of your **boarders** have Coaching/Training provided by outside contractors (Coaches not employed by you/farm)?

Yes No

If Yes, please indicate frequency and/or number of Outside Coaches**: _____

SAFETY PROGRAM

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there a closed circuit television monitor or the facility or a night watchman/security patrol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have safety and barn rules posted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you abide by the Liability Laws of the province listed on the application | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require a signed release/waiver for all equine activities*? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have emergency evacuation procedures for the barns? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Do you have emergency evacuation procedures for all other buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is smoking permitted in the barns or immediate area? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Is there a designated smoking area? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) How far from barns and hay/feed/bedding storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Do you have "No Smoking" signs clearly posted in off limit areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a designated Safety Officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Is so who? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is certified Equestrian Protective Headgear mandatory? (hereafter referred to as "riding helmets") | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there riding helmets provided to lesson/clinic/outside participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are breakaway stirrups used on any lesson equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Check/Describe Safety Gear Required | | |
| <input type="checkbox"/> Boots/Heeled Footwear <input type="checkbox"/> Long Pants <input type="checkbox"/> Gloves <input type="checkbox"/> Other <small>please list:</small> _____ | | |

TRAINING/BOARDING

- DO YOU TRAIN HORSES other than boarded horses? Yes No
- If Yes, How many OWNED: _____ NON-OWNED: _____
- Do you attend horse shows with boarders and/or horses in training (non-owned) off premises? Yes No
- If Yes, how often annually? _____
- Do the owners of the horses also attend? Yes No
- DO YOU BOARD HORSES? Yes No If Yes, How many maximum? _____
- How many horses during Summer? _____ During Winter? _____
- What is the average value of boarded horses: _____
- What is the minimum value of boarded horses \$ _____ How many horses at this value do you board? _____
- What is the maximum value of boarded horses \$ _____ How many horses at this value do you board? _____

BREEDING

- Do you own a stallion(s) used for breeding on or off your premises? Yes No If Yes, How many? _____
- How many (non-owned) mare(s) did the stallion(s) breed on or off premises (natural/A.1.)
- Last Year? _____ Next year? _____
- What is the average value of mares (non-owned) visiting your stallion(s)? \$ _____
- Do you harvest and/or transport Semen? Yes No
- If Yes, How often and where? _____

FOOD / ALCOHOL

Do you provide food and/or beverage at any activity organized or operated by you? Yes No

If Yes, please provide gross receipts: \$ _____

If Yes, do you charge monies to the general public for alcohol? Yes No

Whose name appears on the liquor license? _____

Please also advise if food and beverage service is catered? Yes No

SHIPPING OF OTHER PEOPLE'S HORSES

Do you transport horses for others? Yes No

If Yes, How often annually? _____

Do you use your own truck and trailer for transporting other people's horses? Yes No

What percentage of your business does transporting represent? _____%

Annual shipping mileage? _____Kms

What percentage of this business activity is "shipping of boarded horses"? _____%

What is the highest value of horses transported? \$ _____ Average value of horses transported? \$ _____

In what name is the truck/trailer registered in? _____

How many trailers do you own AND what is the maximum number of horses that can be transported at any one time?

MISCELLANEOUS INFORMATION

Do you own any other livestock? Yes No

If Yes, please describe: _____

Do you own any dogs? Yes No

If Yes, how many, breed and use (security, pet, etc) _____

Have the dog(s) EVER bitten or threatened to bite? Yes No

If Yes, describe: _____

Are outside dogs allowed on the premises? Yes No

Are all dogs confined or leashed during lessons or shows? Yes No

Do you Judge, Course Design, Steward or Officiate at any non-Equine Canada horse shows? Yes No

If Yes, Number of times at Equine Canada Permit shows: _____ Non-permit shows: _____

Are the shows held ON or OFF premises? _____

How many employees do you have? Full Time _____ Part Time _____ Casual _____

If part-time, are they working to pay off board or lessons? Yes No

Are you, or is the farm, enrolled with a Workers Safety and/or Insurance Board? Yes No

Do you own a tractor? Yes No

If Yes, Please indicate year/make/model & value: _____

Do you own an A.T.V., snowmobile, motorcycle or any other 'off road' recreational vehicle? Yes No

Are any of these vehicles used in the daily operations of the facility? Yes No

If Yes to both questions, please note that these vehicles must be insured separately under an automobile policy

SUMMER RIDING CAMP

Do you operate Day Camps or Summer Camps? Yes No

If Yes, please provide details on an attached sheet. Attached? Yes No

Are the counselor's the same employees working on the farm? Yes No

If No, please explain who they are and list qualifications: _____

1. Dates of Camp(s): _____

2. How many sessions? _____

3. How long is each session? _____

4. How old are the participants? _____

5. How many participants in each session? _____

6. Are these students the same students who normally receive riding instruction from you? Yes No
(as indicated in section 4)

7. What percentage of these participants would represent the same students that take riding instruction during the year?
_____ %

8. Do you provide any food or beverage to the participants? Yes No

9. Do the participants stay overnight? Yes No

If Yes, provide details of accommodation: _____

10. What activities are part of the camp? _____

11. Please provide a schedule of a typical day at camp, showing ALL activities available: _____

Is there swimming as part of the camp? Yes No

If Yes, please indicate pool **location, size, depth, and # of lifeguards (must be certified)**: _____

12. Are there any other activities, or do you provide any other service on the premises not described above?

Yes No

If Yes, Describe: _____

If any activity is off premises and you provide transportation to the participants, please provide details of the activity to your automobile insurer.

13. **Are you involved in any equestrian activities outside of Canada?** Yes No

If Yes, please explain in detail: _____

TACK STORE / SNACK SHOP / AND/OR FARRIER SALES

This policy does not cover product liability

Do you manufacture and/or repair any goods sold? Yes No

If yes, Please explain: _____

Do you repair riding equipment for others? Yes No

Do you sell tack and/or clothing? Yes No

If Yes: Annual Gross Receipts: \$ _____

Square Footage and Location: _____

TACK STORE / SNACK SHOP / AND/OR FARRIER SALES continued

Do you have food or snack bar sales? Yes No
If Yes: Annual Gross Receipts: \$ _____
Square Footage and Location: _____
Do you have: Ansul Systems Commercial Grill System Deep Fat Fryers
Do you have vending machines? Yes No
If yes, are they anchored securely? Yes No **(Please submit photo)**
In the preparation area do you have working: fire extinguishers and/or smoke alarm systems
If not explain safety measure: _____

Do you sell Hay or Feed? Yes No
Do you prepare/mix animal feed for sale or consumption? Yes No
Do you perform Farrier services? On Premises Off Premises
If Yes: Annual Gross Receipts: \$ _____
Do you have: Apprentice Yes No If yes, payroll \$ _____
Helper Yes No If yes, payroll \$ _____

HORSE SALES - No Exposure
This policy does not cover horses as a product

Do you sell horses as an agent for others? Yes No Receipts: \$ _____
Do you sell from your own premises? Yes No

Explain any other methods of sales: _____
How many horses do you sell annually: Owned by you: _____ Owned by others: _____

Is the buyer allowed to test-ride the horse? Yes No
If yes, type of test ride allowed: open field indoor arena out door arena other: _____

Is supervision provided during the test-ride? Yes No

Is Certified Equestrian Headgear mandatory for any one under 18 years of age performing a test-ride? Yes No

ACCEPTANCE OF RISK

What Acceptance of Risk i.e. Waiver of Liability form do you use — **Please provide a copy of your form**

BOARDING AGREEMENT

Do you have your boarders sign a boarding agreement - **Please provide a copy of your form**

CLAIMS

List all CLAIMS, POTENTIAL CLAIMS or ACTIONS pending or brought against you or any employee in the last three years

Previous Insurance Company: _____ Policy Number: _____ Expiry Date: _____

GROSS RECEIPTS	LAST YEAR	NEXT YEAR (projected)
Riding Instruction	_____	_____
Boarding	_____	_____
Breeding/Foaling	_____	_____
Shows	_____	_____
Clinics	_____	_____
Transport	_____	_____
Camps	_____	_____
Other (please specify)	_____	_____
TOTAL:	_____	_____

NOTE - TRAIL RIDING AND/OR RENTAL OF HORSES TO THE GENERAL PUBLIC ON AN HOURLY BASIS, HAY RIDES, PONY RIDES; SLEIGH RIDES – ARE EXCLUDED UNDER THIS INSURANCE POLICY

DECLARATION

PLEASE READ CAREFULLY

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form is part of the insurance policy provided through Echelon General Insurance Company (EGIC). I **acknowledge that if at the time of claim it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be null and void.**

Your Privacy is Protected: The insurance coverage you are applying for is underwritten by EGIC and provided to you by Canadian Farm Insurance Corporation (CFIC). EGIC and CFIC will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. Your information may be disclosed to others in the investigative and insurance fields as necessary to underwrite and administer the insurance and pay benefits. Full details regarding how your privacy is protected can be obtained by asking CFIC for a copy of EGIC's Privacy Policy.

Applicant's Signature _____ Date _____
(must be over 18 years of age)

CARE CUSTODY & CONTROL APPLICATION

Legal Liability

This coverage does not apply to: Veterinarians, Equine Dentists, Commercial Livestock Transport, Rehabilitation Centers, & Embryo Transplant Facilities.

The above coverages may be available under a separate application. Please inquire for further information.

Legal liability provides coverage arising from your negligence resulting in injury to or death of horses you do not own in your care, custody, and control. Coverage includes cost to defend any suit alleging injury or death. This cannot be restricted by contractual or hold harmless agreements. The coverage for the exposure is excluded in most general liability policies. Settlements are based on actual cash value at time of loss. Please read wording in policy coverage form.

Please check one: I, ACCEPT DECLINE Care, Custody & Control Coverage

Signature of Applicant: _____ **Date:** _____

Do you lease any part of your land or operation to others? Yes No

If yes, explain: _____

Are horses you do not own kept: (check all that apply) in stalls in pasture individual paddocks

Do pastures/paddocks have shelters? Yes No

If yes, describe what type: _____

Number of pastured acres: _____ Are all pastures fenced? Yes No

Fencing Type: _____ Condition: _____ How often is fencing checked? _____

Average number of horses you do not own in each barn, pasture, and/or paddock? _____

Average value per horse you do not own in each barn, pasture, and/or paddock? \$ _____

Do you store hay/feed/bedding in the same buildings as the horses you do not own? Yes No

Describe gates that access major roadways including latch systems: _____

Are these gates used regularly by boarders/non-boarders? _____

Are main gates to remain closed at all times? Yes No

If not, explain any safety measure(s) in place to prevent escape: _____

Do you require Mortality coverage for all horses in your care, custody, and control? Yes No

Do you allow use of premises for haul-ins', including but not limited to equestrian, rodeo, cutting/penning/reining, western riding, training? Yes No

Do you allow non-owned livestock to be hauled in for use at your facility? Yes No

If yes, explain what type and for what purpose? _____

What is the maximum length of stay for the livestock? _____

If the length of stay is longer than 24 hours please explain penning /housing of non-owned livestock? _____

Do you own, lease or use any facility for equine rehabilitation or surgical purposes? Yes No

If yes, describe: _____

Do you have an: (check all that apply) equine swimming pool hot walker equine tread mill Other _____

Do you allow use of the above noted facilities to non-owned horses? Yes No

CARE CUSTODY & CONTROL APPLICATION continued

Do you: own lease rent , vehicle(s) in order to transport horses you do not own? Yes No

Number of Vehicles:_____ Number of trips per year:_____ Radius of operation_____

Have any drivers had any traffic violations within the past 5 years? Yes No

If yes, explain:_____

List type and capacity of box or trailer:_____

Do you have a safety maintenance program for vehicle(s) and trailers? Please submit a copy Yes No

Do you have emergency evacuations procedures in place for all areas of your facility? Yes No
(attach a copy to this application)

Distance from fire department:_____ Distance from regular Veterinarian: _____

Name and Address of emergency Veterinarian: _____

Name and Address of emergency Farrier: _____

Are these names and numbers clearly posted in your facility? Yes No

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form is part of the insurance policy provided through Echelon General Insurance Company (EGIC). I **acknowledge that if at the time of claim it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be null and void.**

Applicant's Signature _____ Date _____
(must be over 18 years of age)