



EQUESTRIAN COMPETITION
GENERAL LIABILITY INSURANCE
APPLICATION

Legal Name of Equestrian Competition/Competition Organization: _____

Mailing Address: _____ Postal Code: _____

Physical Address of Competition if different from above: _____

Phone Number: _____ Fax Number: _____

Contact Person's Name: _____ Email Address: _____

Does the land owner need to be Additional Insured: Yes or No

If Yes, Name / Address: _____ Postal Code _____

Do you own or lease any property? Yes or No & Own / Lease

If Yes, Total Value: \$_____ Value of Computers: \$_____

Do you sell alcoholic beverages at any Equestrian Competition? _____

➤ **IMPORTANT – If Yes, please call 1-800-668-5901 or email kedwards@bflcanada.ca to discuss with us prior to your event**

Do you serve food at any Equestrian Competition: Yes or No

If Yes, is this your responsibility: Yes or No If no, please provide details: _____

Do you supply Night Check?: Yes or No Do you supply Security?: Yes or No

If you use outside services for the above, please provide name / address: _____

Do you ask for certificates of Insurance adding show as additional Insured: Yes or No

If No, please explain: _____

On what date do horses start arriving on the premises?: _____

List all competition days: _____

By what date will all horses have vacated the property?: _____

(If you have multiple dates of coverage due to multiple shows, attach a separate list of coverage terms)

Please list all claims reported for the past 5 years. Please provide details of any additional claims or incidents that may give rise to a claim.

Policy Limits / Terms:

\$2,000,000 or \$5,000,000 Commercial General Liability (Please circle one)

\$10,000 per horse / \$100,000 per occurrence Stableman's Liability (Higher limits are available)

Additional Insureds named on your policy: _____

With respect to the above personal information pertaining to myself and my Equestrian Competition, I give BFL CANADA Risk and Insurance Services Inc. permission to gather and communicate with necessary individuals (e.g. Underwriters) for insurance purposes. _____ (Please Initial)

To the best of my (our) knowledge all information provided is true and accurate. I (we) understand that any misstatement on this application shall be considered a violation of coverage afforded by any policy issued on the basis of this application, and any policy issued shall be considered null and void.

Signature

Name and Title

Date

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Please complete this section in full.

Type of Show:

English _____ Western _____ Eventing _____ Hunter/Jumper _____ Driving _____ Breed _____

Other _____ (describe)

Class of Show:

Gold _____ Silver _____ Bronze _____ Schooling _____ Other _____ (describe)

How many years of experience have you had running shows: _____

Have you ever had legal suits or claims on insurance for the last five years: Yes or No

If Yes, please explain: _____

INFORMATION	2016 Show(s) to be covered
Number of Participants	
Are hold harmless agreements signed by entrants: (attach)	
Number of spectators	
Number of Horses entered	
Number of stalls	
Number of show rings	
Are show rings enclosed	
Number of warm-up areas	
Are warm-up areas enclosed	
Number of ambulance or first aid personnel	
Are employees on workers compensation	
Total Number of Show days	
Total prize money	
Other activities, etc.	