

Signature

EQUINE COACHES/INSTRUCTORS GENERAL LIABILITY INSURANCE APPLICATION

Date

| Please complete all questions in full. Use additional paper if necessame of Insured as it is to appear on the policy: | |
|---|--|
| Name of Coach (if different from above): | Date of Birth: |
| Mailing Address: | Postal Code: |
| Phone Number: Fax Number: | Email Address: |
| Are you a certified and current Equine Canada Coach / Instructor? If Yes, please advise date, type and level of certification: If No, please advise number of years of riding experience: | |
| Do you teach Therapeutic Riding for the disabled? If Yes, are | you certified by CANTRA? |
| Do you have Equine Facilitated Learning Activities? > If yes, please complete the supplemental application. | |
| Are any assistant coaches required to be named on this policy? If Yes, please advise full name, date of birth, and certification | _ n information (if any); |
| Gross Annual Receipts from all Equestrian Activities: \$ | |
| How many horses do you own: a) for personal use only: | o) for use by others (students): |
| Average # of students per week: Average # of non- | -owned horses you train per week: |
| Do you own or lease any premises / buildings for the purpose of opera If Yes, please call 1 888 244-6709 or email kglauser@bflo | |
| Do you own a horse trailer and use it to transport horses you do not over the property of the | asis? ime? or commercial carriers – it covers <u>incidental</u> transport of |
| What is the maximum value of any one non-owned horse in your care, consignment, horse you show, horse you transport, etc.)? \$\frac{\$}{}\$ | |
| What is the maximum # of non-owned horses in your care, custody and | d control at any one time? |
| Do clients sign contractual agreements / waivers for your services? | If Yes, please attach a copy. |
| Please provide details of claims against you or incidents that may give | rise to a claim in the past 5 years. |
| Policy Limits / Terms: | |
| \$2,000,000 or \$5,000,000 Commercial General Liability (we w | ill quote both unless you circle one) |
| \$10,000 Miscellaneous Contents, including Tack and Horse Equipmen higher limit, please advise: | · |
| \$25,000 per horse / $$250,000$ per occurrence Stableman's Liability is a application indicates the need to do so. | automatically included. We will quote increased limits if your |
| Additional Insureds to be named on your policy (if needed): | |
| Reason for additional insured request: | |
| With respect to the above personal information pertaining to myself, I gather and communicate with necessary individuals (e.g. Underwriter of my (our) knowledge all information provided is true and accurate. I considered a violation of coverage afforded by any policy issued considered null and void. | s) for insurance purposes (Please Initial). To the best (we) understand that any misstatement on this application shall be |

Print Name