



187 King Street South, Suite 205, Waterloo, ON N2J 1R1  
T. 519-340-3700 | 1-844-340-3700 F. 519-772-1200

## EQUINE COACHES/INSTRUCTORS GENERAL LIABILITY INSURANCE Application

**Please complete all questions in full. Use additional paper if necessary, thank you.**

Name 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** Equestrian 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.**

**\*\*You must provide a current copy of your certification\*\***

Are any assistant coaches required to be named on this policy? \_\_\_\_\_

- If Yes, please advise full name, date of birth, and certification information (if any); \_\_\_\_\_

Gross Annual Receipts from all Equestrian Activities: \$ \_\_\_\_\_

How many horses do you own: a) for personal use only: \_\_\_\_\_ b) 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 operating an equestrian facility? \_\_\_\_\_

- **If Yes, please call 1 888 244-6709 or email [equine@bflcanada.ca](mailto:equine@bflcanada.ca) to obtain a Farm Insurance quotation**

Do you own a horse trailer and use it to transport horses you do not own? \_\_\_\_\_ **If Yes:**

- Do you transport only horses you train / teach on a regular basis? \_\_\_\_\_
- What is the maximum number of horses transported at one time? \_\_\_\_\_
- **IMPORTANT: This policy does not cover trailers for hire or commercial carriers – it covers incidental transport of non-owned horses only**

What is the maximum value of any one non-owned horse in your care, custody and control (student's horse, horse in training or on consignment, horse you show, horse you transport, etc.)? \$ \_\_\_\_\_



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What is the maximum # of non-owned horses in your care, custody and 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 will quote both unless you circle one)

\$10,000 Miscellaneous Contents, including Tack and Horse Equipment is automatically included at no additional cost. If you require a higher limit, please advise: \_\_\_\_\_

\$50,000 per horse / \$250,000 per occurrence Stableman's Liability is automatically included. We will quote increased limits if your application indicates the need to do so.

\$100,000 per occurrence/ \$100,000 aggregate Professional Liability is automatically included (**Excluding EFL & Therapeutic Riding Activities**). If you require a higher limit, please advise: \_\_\_\_\_

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 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 Print Name Date