

187 King Street South, Suite 205, Waterloo, ON N2J 1R1
T. 519-340-3700 | 1-844-340-3700 F. 519-772-1200 Email: equine@bflcanad.ca

EQUINE | Equine Club/Association General Liability Insurance Application

	stions in full. Use adaitional paper if necessary, thank you. sociation:
	Postal Code:
-	Fax Number:
	Email Address:
Gross Annual Receipts:	Number of members:
	rrent organization with Regional / Local groups under your control?
	omplete Affiliate Supplement overleaf
Do you own or lease an	
=	omplete Property Supplement overleaf
	y parades? If Yes, how many per year?
	overage for Parades must be requested and purchased in advance
	erages at any Club event?
	Yes, please call 1-844-340-3700 or email equine@bflcanada.ca to discuss with us prior to
your event	<u> </u>
What is the expected n	eximum value of any one non-owned horse in your care, custody and control (for example,
horse stabled at horse	ow or clinic)? \$
What is the maximum #	of non-owned horses in your care, custody and control at any one time?
	vents (horse shows, clinics, etc.) sign contractual agreements / waivers? If Yes, please
attach a copy.	
How many horse shows	and/or clinics do you organize and operate per year?
	ctivities not described above? Please explain:
= = = = = = = = = = = = = = = = = = = =	any claims against you or incidents that may give rise to a claim in the past 5 years.
Policy Limits / Terms:	
\$2,000,000 or \$	000,000 Commercial General Liability (Please select one)
\$10,000 Miscellaneous	operty (Contents only unless buildings are specifically listed – see overleaf) is automatically
included at no addition	l cost. If you require a higher limit, please advise:
\$10,000 per horse / \$10	,000 per occurrence Stableman's Liability is automatically included at no additional cost. We
will quote increased lim	s if your application indicates the need to do so.
Additional Insureds to b	named on your policy (if needed):
Reason for additional in	ured request:
If you wish to obtain a	otation for Directors and Officers Liability Coverage, please call 1888 244-6709 or email
equine@bflcanada.ca	request an application for completion.
With respect to the abo	re personal information pertaining to myself and my Club, I give BFL CANADA Risk and
Insurance Services Inc.	ermission to gather and communicate with necessary individuals (e.g. Underwriters) for
insurance purposes	(Please Initial)
To the best of my (our)	nowledge all information provided is true and accurate. I (we) understand that any
misstatement on this a	plication shall be considered a violation of coverage afforded by any policy issued on the basi
of this application, and	ny policy issued shall be considered null and void.
Signature	Name and Title Date



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AFFILIATE SUPPLEMENT

Please complete this section only if you are an Umbrella or Parent organization with Regional or Local groups under your control and for which insurance must be provided.

Name of Branch / Affiliate	# of Members	Gross Receipts	Province of Operation

PROPERTY SUPPLEMENT

Please complete this section only if you own or lease premises or buildings for which insurance must be provided under this Policy.

Location of Owned Premises (provide legal description if available)	Type of Building	Year Built	Building Construction	Limit of Insurance Required
Are any of the above buildings / premises rented to others?	l	<u> </u>	<u> </u>	<u> </u>

Do you board non-owned horses (other than temporary stabling for horse shows / clinics)? ______
Do you own horses?

If you answer Yes to any of the above, please call 1888 244-6709 or email equine@bflcanada.ca to ensure proper coverage is in place