

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

EQUINE | Equine Groom 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 p | olicy: | | |
|---|--|--|--|
| Name of Groom (if different from above): | | | |
| Date of Birth: | _ | | |
| Mailing Address: | Postal Code: | | |
| Phone Number: | | | |
| Email Address: | | | |
| How many years of grooming expenses | rience do you have? | | |
| Do you have any accreditation? | | | |
| | equestrian organization(s)/association(s)? | | |
| Gross Annual Receipts from all Equestrian A | | | |
| Average # of non-owned horses per week: | | | |
| Do you own or lease any premises / buildin | gs for the purpose of operating an equestrian | | |
| facility? | | | |
| If Yes, please call 1888 244-6709 or | email <u>equine@bflcanada.ca</u> to obtain a Farm | | |
| Insurance quotation | | | |
| Do you own a horse trailer and use it to tra | nsport horses you do not own? | | |
| If Yes: | | | |
| Do you transport only horses you transport | > 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 compare the policy does | over trailers for hire or commercial carriers – it | | |
| covers incidental transport of non- | owned horses only | | |
| What is the maximum value of any one nor | n-owned horse in your care, custody and control? | | |
| \$ | | | |
| What is the maximum # of non-owned hor | ses in your care, custody and control at any one | | |
| time? | | | |
| Do clients sign contractual agreements / v | vaivers for your services? | | |
| If Yes, please attach a copy. | | | |
| Do you operate business out of province? | | | |
| Do you service clients outside of Canada? | | | |
| If yes: a) North America only? Yes / | • • | | |
| b) Worldwide? 🔛 Yes / 🔛 No | # Trips per Year: | | |



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| Please provide details of any cla past five (5) years. | ims against you or incidents that r | nay give rise to a claim in the |
|---|--|---|
| additional cost. If you require a h \$5,000 per horse / \$10,000 per of We will quote increased limits if y | neous Property & Equipment, is aut | automatically included. d to do so. |
| Reason for additional insured re | quest: | |
| and Insurance Services Inc. perm (e.g. Underwriters) for insurance To the best of my (our) knowledg understand that any misstateme | nal information pertaining to myshission to gather and communicate purposes(Please Initioge all information provided is true ent on this application shall be convissued on the basis of this application. | e with necessary individuals al) and accurate. I (we) asidered a violation of |
| Signature | Print Name | Date |