

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

EQUINE | FARRIER/BLACKSMITH GENERAL LIABILITY INSURANCE APPLICATION

Name of Insured: Operating As (Name of Business): Requested Effective Date of Coverage: Molling Address: Molling Address: Postal Code: Phone Number: Fax Number: Email Address: How many years have you been working as a Farrier? Email Address: ANNUAL SALES . Estimated gross revenue over the last 12 months: \$ 2. Estimated gross revenue over the next 12 months: \$. 3. Estimate number of horses per week: \$. 4. Do you contract your services at horse shows? Yes /	Please	complete all questions in full.	Use additional paper if necesso	ıry, thank you.	
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Please explain fully:					
OTHER OPERATIONS					

- Do you sign contractual agreements/waivers for your service? Yes / No (Please attach a copy)
- 2. Do you operate business out of province? 🗌 Yes / 🗌 No



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3. Do you service clients outside of Canada? 🗌 Yes / 🗌 No

If yes:

- a) North America only? 🗌 Yes / 🗌 No
- b) Worldwide? Yes / No
- c) How many trips to the United States?
- 4. Do you wish coverage for operation not declared on this application? \Box Yes / \Box No

Please explain fully:

TOOL COVERAGE

If yes:

- a) What is the total value of your tools? \$
- b) Highest value of any one item? \$
- 2. Please provide a description of item(s) over \$1,500:
- 3. Where are your tools normally kept?

Note: Tool coverage is subject to Locked Premises Warranty for Theft

CLAIMS HISTORY

- 1. Prior insurance company & policy number:
- 2. Please provide details of any claims in the past five years:

Would you like information on Income Replacement Insurance? 🗌 Yes/ 🗌 No

Policy Limits / Terms:

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

\$10,000 per horse / \$100,000 per occurrence Stableman's Liability is automatically included. We will quote increased limits if your application indicates the need to do so.

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