



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

EQUINE | EQUINE CLUB/ASSOCIATION GENERAL LIABILITY INSURANCE APPLICATION

Legal Name of Club / Association: _____

Mailing Address: _____ Postal Code: _____

Contact Person's Name: _____ Phone Number: _____

Email Address: _____ Website: _____

Gross Annual Receipts: \$ _____ Number of members: _____

IMPORTANT: COMMERCIAL TRAIL RIDES, PONY RIDES, HORSE PULLS AND ROUGH STOCK ARE EXCLUDED ACTIVITIES

Please select all of the club's activities (Use separate page if required)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Member Rides | <input type="checkbox"/> Clinics Lessons | <input type="checkbox"/> Competitions | <input type="checkbox"/> Social Events Meetings |
| <input type="checkbox"/> Club Auctions | <input type="checkbox"/> Exhibitor at Trade Shows | <input type="checkbox"/> Mounted Archery | <input type="checkbox"/> Mounted Shooting |

(If you are involved in Mounted Archery or Mounted Shooting, please contact our office)

Describe fundraising activities:

Describe all other activities:

Are you an Umbrella/Parent organization with Regional/Local groups under your control? _____

- If yes, please complete Affiliate Supplement (provided below)

Do you own or lease any premises/buildings? _____

- If yes, please complete Property Supplement (provided below)

Do you host horse shows or clinics open to the general public? _____ If yes, how many per year? _____

- If yes, please complete Public Horse Show/Clinic Supplement (provided below)

Do you sell food or alcoholic beverages at any club event? _____

- If yes, please call 1 888-244-6709 or email equine@bflcanada.ca to discuss with us prior to your event

Do you offer Equine Facilitated Learning/Wellness or Equine Assisted Learning? _____

- If yes, we will provide an EFL Supplemental application. **Note this does not cover mounted activities**

Do you participate in any parades? _____ If yes, how many per year? _____

- Coverage for parades must be requested and purchased in advance

Do you hold rough stock events/activities? _____ If yes, please specify which activities: _____

Do you have any operations or activities in the USA? _____

NOTE: This program does not insure USA operations or activities



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What is the expected maximum value of any one non-owned horse in your care, custody and control (for example, horse stabled at horse show or clinic)? \$ _____

What is the maximum # of non-owned horses in your care, custody and control at any one time? _____

Do participants in club events (horse shows, clinics, etc.) sign contractual agreements/waivers? _____ If yes, please provide a copy.

Do you have any other activities not described above? _____ Please explain: _____

Please provide details of 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 ☐ \$5,000,000 Commercial General Liability (we will quote both unless you circle one)

\$10,000 Miscellaneous Club Property (Contents) is automatically included at no additional cost. If you require a higher limit, please advise: _____

\$10,000 per horse / **\$100,000** per occurrence Stableman's Liability is automatically included at no additional cost. We will quote increased limits if your application indicates the need to do so.

Should you require additional insureds to be listed on your policy please complete the additional insured supplement.

If you wish to obtain a quotation for Directors and Officers Liability Coverage, please call 1 888-244-6709 or email equine@bflcanada.ca to request an application for completion.

With respect to the above personal information pertaining to myself and my Club, 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

Name and Title

Date

COVERAGE IS NOT EFFECTIVE IF THIS APPLICATION IS NOT FULLY COMPLETED - SIGNED, DATED & PAYMENT RECEIVED



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ADDITIONAL INSURED SUPPLEMENT

Please complete this section only if you require additional insured to be listed as property owners under this policy.

Property Owner (Full Name/Business Name)	Full Mailing Address	Reason (Specify Dates if Applicable)



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PUBLIC HORSE SHOW/CLINIC SUPPLEMENT

Please complete this section for all public horse shows and/or clinics. If you require additional insured to be listed for these events please include in above Additional Insured Supplement.

Name of Horse Show	Dates



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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	Number of Members	Gross Receipts	Province of Operation



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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? _____

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

Do you own horses? _____

If you answered yes to any of the above, please call 1 888-244-6709 or email equine@bflcanada.ca to ensure proper coverage is in place.