



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

## EQUINE | FARRIER/BLACKSMITH GENERAL LIABILITY INSURANCE APPLICATION

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

Name of Insured: \_\_\_\_\_ Operating As (Name of Business): \_\_\_\_\_  
Requested Effective Date of Coverage: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How many years have you been working as a Farrier? \_\_\_\_\_

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### ANNUAL SALES

1. 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 /  No  
*If yes:*
    - a) How many per year?
    - b) Does the show provide liability coverage for you?  Yes /  No
  5. Do you employ an apprentice?  Yes /  No  
*If yes:*
    - a) Number of full time?
    - b) Number of part time?
  6. Are you always present when the apprentice is working on your behalf?  Yes /  No
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### NON-OWNED HORSES IN YOUR CARE, CUSTODY, AND CONTROL

1. Highest value of non-owned horse in your care? \$
2. Average value of non-owned horses in your care? \$
3. Do you own a horse trailer?  Yes /  No  
*If yes:*
  - a) Do you transport horses for others?  Yes /  No

Please explain fully: \_\_\_\_\_

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### OTHER OPERATIONS

1. 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?  Yes /  No

Please explain fully:

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### TOOL COVERAGE

1. Do you wish to insure your business tools?  Yes /  No

*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

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### CLAIMS HISTORY

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

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Signature

Print Name

Date