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EQUINE | EQUINE FACILITATED LEARNING GENERAL LIABILITY INSURANCE SUPPLEMENTAL APPLICATION

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

Are you certified to teach Equine Facilitated Learning? _____

If yes, through which organization? _____

Date of certification? _____ Level of Certification (if applicable)? _____

Do you have any professional designations related to Equine Facilitated Learning? _____

If yes, please list and describe:

Please provide a full description of your EFL activities:

Do you have a professional liability exposure? _____

If yes, do you currently carry professional liability / Errors & Omissions insurance? _____

If no, would you like to obtain a quotation for professional liability / Errors & Omissions insurance?

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