



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

## EQUINE | Equine Coaches/Instructors General Liability Insurance Application

Name of Insured as it is to appear on the policy: \_\_\_\_\_

Name of Coach (if different from above): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

### Note - Coaches must be 18+ to apply for this coverage

Are you currently an Equestrian Canada:  Registered Coach  Licensed Coach  Certified Coach  None

Do you require an EC certificate?  Yes  No

- If yes, EC Number: \_\_\_\_\_ & Type and level of certification: \_\_\_\_\_

- If no, please advise number of years of riding experience: \_\_\_\_\_

What discipline(s) do you instruct: \_\_\_\_\_

Do you teach Therapeutic Riding for the disabled? \_\_\_\_\_

If yes, are you CANTRA, PATH or CHA certified? \_\_\_\_\_

Do you have Equine Facilitated Learning/Wellness or Equine Assisted Learning Activities? \_\_\_\_\_

- If yes, please contact your broker for the supplemental application.

**\*\*You must provide a current copy of your certification\*\***

Are any assistant coaches required to be named on this policy? \_\_\_\_\_

- If yes, please advise full name, date of birth, and certification information (if any);

\_\_\_\_\_

---

Gross Annual Receipts from all Equestrian Activities: \$ \_\_\_\_\_

How many horses do you own? \_\_\_\_\_

a) for personal use only: \_\_\_\_\_ b) for use by others (students): \_\_\_\_\_

Average # of students per week: \_\_\_\_\_ Average # of non-owned horses you train per week: \_\_\_\_\_

Do you own or lease any premises/buildings for the purpose of operating an equestrian facility? \_\_\_\_\_

- If yes, please contact your broker to obtain a Farm Insurance quotation

Do you own a horse trailer and use it to transport horses you do not own? \_\_\_\_\_

If Yes:

- 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 cover trailers for hire or commercial carriers – it covers incidental transport of non-owned horses only



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

## EQUINE | Equine Coaches/Instructors General Liability Insurance Application

What is the maximum value of any one non-owned horse in your care, custody and control (student's horse, horse in training or on consignment, horse you show, horse you transport, etc.)? \$ \_\_\_\_\_

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

Do clients sign contractual agreements / waivers for your services? \_\_\_\_\_ If yes, please attach a copy.

Please provide details of 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 (Please select one)

\$10,000 Miscellaneous Contents, including Tack and Horse Equipment is automatically included at no additional cost.

If you require a higher limit, please advise: \_\_\_\_\_

\$50,000 per horse / \$250,000 per occurrence Stableman's Liability is automatically included. We will quote increased limits if your application indicates the need to do so.

\$100,000 per occurrence/ \$100,000 aggregate Professional Liability is automatically included

(Excluding EFL/EFW/EAL & Therapeutic Riding Activities)

If you require a higher limit, please advise: \_\_\_\_\_

### Additional Insureds to be named on your policy (if needed):

Full Name/Business Name	Full Mailing Address	Reason (Specify Dates if Applicable)	Certificate Required
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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