

Equine

Equine Coaches/Instructors General Liability Insurance Application

Applicant Name:

Date of Birth:

(Full Legal Name) Note - Coaches must be age of majority to apply for this coverage

Mailing Address:

City:

Province:

Postal Code:

Home #:

Cell #:

Email Address:

EC Member #:

Certification Status:

☐ EC Registered Status

☐ EC Licensed Status

☐ NCCP Certified

☐ None

☐ Other:

Current Certification Copy Attached?

☐ Yes ☐ No

A current copy of your certification must be included with this application.

Please describe your experience and qualifications:

Please describe what discipline(s) you instruct:

Do you teach Therapeutic Riding? ☐ Yes ☐ No

Certified with: ☐ CANTRA ☐ PATH ☐ CHA ☐ None

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

☐ Yes ☐ No

If yes, complete the supplemental form on page 4.

Have any bodily injury, property damage, or potential claims/actions been brought against you?

☐ Yes ☐ No

If yes, explain:

Are any assistant employee coaches required to be added to this policy? ☐ Yes ☐ No

If yes, complete the table below for each coach.

Full Name	Date of Birth	Experience, Qualifications & Certifications	Full Mailing Address

Do you own, rent, lease, occupy, or reside on a farm property? ☐ Yes ☐ No

Percentage of activities organized outside of Canada: % ☐ None

Do clients sign contractual agreements/waivers for your services? ☐ Yes ☐ No

Copy attached? ☐ Yes ☐ No

Gross receipts from all equestrian activities: \$

Annual Activity Information

Provide the annual number of:

Horses & Livestock	Quantity	Operations & Staffing	Quantity
Owned/Leased Horses		Students	
Boarded Horses		Employees - Full Time	
Other Livestock		Employees - Part Time	
Clinic/Workshop Days		Horses Trained	
Camp Days - Daytime		Trailers for Shipping	
Camp Days - Overnight		Maximum Stall Capacity	
Other		Shipping kms	

Any other activities offered? ☐ Yes ☐ No

If yes, explain:

Are you responsible for boarding/caring for horses at a location you own, rent, lease, or use? ☐ Yes ☐ No

If yes, maximum number of horses:

Are you responsible for caring for non-owned horses while attending events/shows? ☐ Yes ☐ No

If yes, maximum number of horses:

Are there any other circumstances in which non-owned horses are in your care, custody, or control? ☐ Yes ☐ No

If yes, explain:

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

Full Name/Business Name	Full Mailing Address	Reason (Specify Dates if Applicable)	Certificate Required?
			☐ Yes
			☐ Yes
			☐ Yes

Quote Limits

Commercial General Liability (select one):

☐ \$2,000,000 ☐ \$5,000,000

Higher limit requested: \$

Coverage Included:

- Tack and Horse Equipment (included at no additional cost)
If you require a higher limit, please state the limit:
- Stableman's Liability: \$50,000 per horse / \$250,000 per occurrence
Higher limit options will be quoted.
- Professional Liability: \$100,000 per occurrence / \$100,000 aggregate
Excludes Equine Facilitated Learning (EFL), Equine Facilitated Wellness (EFW), Equine Assisted Learning (EAL), and Therapeutic Riding Activities.

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.

Date:

Signed By:

Signature:

Equine Facilitated Learning/Equine Assisted Learning (EAL) Supplement (Only if applicable)

Please complete all questions in full. Use additional pages if necessary.

Are you certified to teach Equine Facilitated Learning OR Equine Assisted Learning? ☐ Yes ☐ No

If yes, through which organization?

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

Do you have any professional designations related to Equine Facilitated Learning or Equine Assisted Learning? ☐ Yes ☐ No

If yes, list and describe:

Please provide a full description of your EFL/EAL activities:

Are your EFL/EAL activities ground activities only? ☐ Yes ☐ No

It is hereby understood and agreed that EFL or EAL General Liability Insurance does not apply to, and no coverage will be available under this policy for that portion of loss on account of any claim that is based upon, arising out of, or attributable to EFL/EAL Mounted Activities for others either gratuitously or for a fee (Please Initial)

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