

EQUINE INSURANCE UNDERWRITERS LTD.

SUITE 106 - 3701 EAST HASTINGS STREET, BURNABY, B.C. CANADA V5C 2H6

TELEPHONE: (604) 293-1531 FAX: (604) 293-1248

COMMERCIAL FARM LIABILITY APPLICATION

NAME: _____

D/B/A'S: _____

ADDRESS: _____

CITY/PROVINCE: _____

POSTAL CODE: _____

SECTION I FARM & ANIMAL COMMERCIAL GENERAL LIABILITY, INCLUDING INJURY TO PARTICIPANTS AND EXCLUDING RODEOS, RODEO ASSOCIATIONS, UNSCORTED RIDING/RENTAL OPERATIONS AND ANY OPERATIONS NOT DECLARED.

Please indicate % for each business operations:	Equestrian Centre _____%	Horse Owner _____%	Horse Club _____%
	Horse Breeder _____%	Riding Instruction _____%	Pony Rides _____%
	Tour Guide (other than any horse related activities) _____%	Horse Boarding _____%	Farrier _____%
	Trail Rides _____%	Horse Trainer _____%	Other (not listed above):
	Wagon Rides _____%	Sleigh Rides _____%	_____ % Describe: _____

1. Acreage of property(ies) you own or occupy: _____

Location, if different from above: _____

2. Indicate number of show days per annum held on your premises: _____

3. Indicate number of clinic days per annum held on your premises: _____

4. Indicate number of animals you own or lease: a) Racing: _____

b) Breeding: _____

c) Lessons: _____

d) Other: (usage not listed above) _____

Describe: _____

5. RIDING INSTRUCTION (Include names, ages and qualifications of all instructors to be insured):

Indicate Gross Revenue from Riding Instruction: _____

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6. HORSE TRAINERS (Indicate number of horses trained per annum):

a) Racing: _____

b) Equestrian: _____

c) Other: (usage not listed above) _____

Describe: _____

7. TRAIL RIDE/DUDE RANCH/TOUR GUIDE LIABILITY (Provide estimates of the following for the next 12 months):

Gross Revenue: \$ _____ Maximum number of customers per guide/wrangler: _____

Maximum number of customers per trip: _____ Average number of days per trip: _____

List or attach names, ages and qualifications of all trail guides/wranglers:

8. Do you sell food or alcohol? YES NO

If yes, estimate annual gross revenue for the sale of

Food: \$ _____

Alcohol: \$ _____

9. HORSE CLUB LIABILITY:

Estimate the following:

a) Total membership of your club: _____

b) Number of directors and active volunteers: _____

c) Gross annual club revenue: _____

10. If you have any other operations not declared including but not limited to riding camps, dances, parades, tack sales, etc., attach a detailed description of these operations.

SECTION II STABLEMANS LIABILITY NON OWNED HORSES IN YOUR CARE CUSTODY CONTROL

11. Do you board, train or care for horses owned by others? YES NO

If yes, do you wish Legal Liability Protection with respect to Damage to or destruction of these horses? YES NO

If yes, estimate the number of non-owned horses for the following:

	MAXIMUM	MINIMUM
a) Train for racing:	_____	_____
b) Board:	_____	_____
c) Other: (usage not listed above)	_____	_____
Describe: _____		
TOTAL:	_____	_____

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12. Do you transport non-owned horses? YES NO
- If yes,
- a) How many horse trailers do you own/operate? _____
 - b) Combined stall capacity of all trucks/trailers: _____
 - c) Estimated annual trailering miles: _____

13. Do your clients sign waivers / contractual agreements for **all** your equine activities? YES NO
- If yes, attach samples.

SECTION III TENANTS FIRE LEGAL LIABILITY

14. Do you rent buildings owned by others with respect to your operations, shows, clinics, meetings, dances, etc? YES NO
- If yes, do you wish Legal Liability Protection with respect to fire damage to buildings owned by others and in your control? YES NO
- If yes, estimate:
- a) Annual number of premises rental days: _____
 - b) Largest premises occupied (square feet): _____
 - c) Type of premises rented (describe): _____

SECTION IV EQUESTRIAN ACCIDENT BENEFITS

15. Do you wish Equestrian Accident Benefits for riders and passengers? YES NO
- (See page 4 for limits)
- If yes, indicate average number of participants at:
- Shows: _____ Clinics: _____
- Other (describe): _____
- _____
- _____

SECTION VI PREVIOUS INSURER/CLAIMS HISTORY

16. a) Name of Previous and or Current Insurer: _____
- b) Describe any claims or potential claims that exist or have occurred in the past five years:
- _____
- _____
- _____
- _____

ATTACH ANY ADDITIONAL STATEMENTS, INFORMATION, PHOTOGRAPHS, ADVERTISING BROCHURES OR ANY OTHER INFORMATION THAT WILL ASSIST UNDERWRITERS TO PROPERLY ASSESS YOUR RISK.

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SECTION VII COVERAGE SUMMARY

Check coverages and limits desired.

I FARM & ANIMAL COMMERCIAL GENERAL LIABILITY, INCLUDING INJURY TO PARTICIPANTS AND EXCLUDING RODEOS, RODEO ASSOCIATIONS, UNESCORTED RIDING/RENTAL OPERATIONS AND ANY OPERATIONS NOT DECLARED.

Check limit desired: \$1,000,000.
 \$2,000,000.

Including Medical Payments (excluding participants)
 \$25,000. per occurrence

II CARE CUSTODY OR CONTROL YES NO

If yes, check limit desired: \$ 5,000. per animal / \$ 25,000. per occurrence
 \$ 10,000. per animal / \$ 50,000. per occurrence
 \$ 20,000. per animal / \$100,000. per occurrence
 \$ 50,000. per animal / \$100,000. per occurrence
 \$100,000. per animal / \$100,000. per occurrence

III TENANTS LEGAL LIABILITY YES NO

If yes, check limit desired: \$100,000.
 \$200,000.
 \$300,000.

IV ACCIDENT BENEFITS, INCLUDING PARTICIPANTS YES NO

a) \$10,000. Loss of Life, Dismemberment
\$20,000. Loss of Sight, Paralysis
\$ 7,500. Accident Reimbursement
\$ 5,000. Accident Dental Reimbursement

OR:

b) Loss of Life, Dismemberment
Loss of Sight, Paralysis – Increased to \$100,000.

SECTION VIII WAIVER AGREEMENT WARRANTY

It is warranted that the applicant will require each of their customers to sign and date a copy of the attached waiver agreement prior to allowing them to engage in any Equine activities. In the case of minors, the waiver must be signed by one of the participants' parents or legal guardians.

Failure to comply with the above condition will render the coverage provided under Section I – Farm & Animal Commercial General Liability null and void.

SECTION IX DECLARATION BY APPLICANT

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 which will form the statement of declarations in any policy issued.

DATED: _____ **BROKER:** _____

SIGNATURE: _____

SIGNED BY: _____

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