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**EQUINE COMMERCIAL LIABILITY APPLICATION**

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

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, UNESCORTED RIDING/RENTAL OPERATIONS AND ANY OPERATIONS NOT DECLARED. \$1,000 DEDUCTIBLE APPLIES.**

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) _____ %	P[...]* _____ %	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: \$ \_\_\_\_\_

**READ CAREFULLY - THIS DECLARATION FORMS PART OF YOUR POLICY**



6. HORSE TRAINERS (Indicate number of horses trained per annum): a) Racing: \_\_\_\_\_  
 b) Equestrian: \_\_\_\_\_  
 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/wrangers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do you sell food or alcohol?  Yes  No  
 Is 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:

	<b>Maximum</b>	<b>Minimum</b>
a) Train for racing:	_____	_____
b) Board	_____	_____
c) Other: ( <b>usage not listed above</b> )	_____	_____
Describe _____		
<b>TOTAL:</b>	_____	_____

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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? (see page 4 for limits)  Yes  No

If yes, indicate average number of participants at:

Shows: \_\_\_\_\_ Clinics: \_\_\_\_\_

Other (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V 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 VI 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

**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.

**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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