



[Commercial Lines]

HORSE RIDING APPLICATION



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HORSE RIDING APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Tel: _____

Broker Contact: _____ Email: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____ **Email:** _____

Type of Business: Individual Partnership Corporation Other (Please describe below): _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Has any insurance carrier ever refused you or your business coverage? Yes No If "Yes", please explain below: _____

PART 2 OPERATIONS

Description of Operations:

Years of Operating in this, or similar operation: _____ Experience: _____ Operating: _____

How many horses are used in the operations: _____ Riding: _____ Pack: _____

Do you rent or own your horses: Rent Own Both (Rent & Own)

If "Both", what percentage do you own: _____ % What percentage do you rent: _____ %

How many trained staff do you employ? Please list below.

List Names	Years Exp.	Qualifications a/o Certifications / First Aid Certification	Years Employed

Explain your Employee selection process in detail:

Do you conduct any Pre-Activity briefing with Participants? Yes No

Do you have a written safety and procedures manual? Yes No

Do you have a process checklist to be followed by all staff? Yes No

Explain your process for matching a horse to a rider, the instructions to your guests, placement of wrangler(s) on trail rides, and the safety procedures you take with respect to your horses, wrangler(s), tack and guest riders: **(Please attach any written safety documentation)**

What percentage of Participants ride: Western: _____ % English: _____ %

Have you, or would you, decline someone from participating? Yes No If "Yes", please list reason(s) below:

Do Guides carry communication devices with them? Yes No If "Yes", what type:

If "No" to above question, explain reason(s) why not:

Is a log or journal kept to record any incidences? Yes No

(Details in a log book may identify who witnessed the incident, who was working, what happened, etc.)

What is the maximum number of Participants per trip, tour or camp? Over 18 years of age: _____ Under 18 years: _____

Are minors permitted to participate? Yes No

If "Yes" to above, are all minors accompanied by a guardian or parent? Yes No

What is the maximum Wrangler to Guest Ratio? **Hunting:** # of Wranglers: _____ to # of Guests: _____

Summer Pack Trips: # of Wranglers: _____ to # of Guests: _____

Hourly Trail Rides: # of Wranglers: _____ to # of Guests: _____

Do you allow anyone to ride "Double"? Yes No If "Yes", please describe below:

Does this activity require any special safety equipment? Yes No If "Yes", please describe below:

Are all Participants required to use this safety equipment? Yes No

Do you enforce alcoholic beverages restrictions? Yes No

Do you require each Participant to complete a Health/Fitness information questionnaire? Yes No

Do you pre-screen Participants for ability and prior experience? Yes No

Do you have any objection to requesting this type of information, if it is not already done? Yes No

Do you have your Guests sign a waiver? Yes No Please clearly detail your process and procedures for having guests sign waivers, including who is responsible for this:

Please be sure to attach copies of waivers and health/fitness questionnaires

Describe the time frame for which activities are conducted: Hourly Daily Weekly

Please describe area of operations with details of terrain and hazards. Please include additional documentation, if available.

Percentage of Total Receipts for this Operation / Activity: ~~XXXXXXXXXX~~%

Do you use Sub-Contractors? Yes No If "Yes", what percentage of this Operation / Activity? _____ %

Are Certificates of Insurance secured from all Sub-Contractors? Yes No

Is the Applicant shown as an Additional Insured on the Certificates? Yes No

Do you offer children's pony rides? Yes No Do you board horse(s) for a fee? Yes No

Do you teach, or allow your guest to participate in: Fence/Obstacle Jumping Horse Racing Roping Barrel Racing

Cattle Drives Branding Other Rodeo Events:

Do you provide any of the following activities? Sleigh Rides Hay Rides - # of Units: _____ Buckboard/Buggy Rides - # of Units: _____

Please provide details of all horse drawn units, including tires, sides:

Insurance History (3 Years)	Company	Coverage	Limit	Premium
Last Year			\$	\$
Two Years Ago			\$	\$
Three Years Ago			\$	\$

PART 2 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

PART 3 COVERAGE REQUESTED

Coverage Requested	Limit	Deductible	Comments
Liability	\$	\$	
Tenants Legal Liability	\$	\$	
Non-Owned Automobile	\$	\$	
Other:	\$	\$	
Other:	\$	\$	

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicants operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date: