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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, UNESCORTED 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:

READ CAREFULLY - THIS DECLARATION FORMS PART OF YOUR POLICY

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/wrangers:

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, boarding agreements and/or other 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.

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Check limit desired: \$1,000,000.
 \$2,000,000.
 \$3,000,000.
 \$5,000,000.

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
(refer to underwriters for higher CCC limits if required)

III TENANTS LEGAL LIABILITY YES NO

If yes, check limit desired: \$ 500,000.
 \$1,000,000.

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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