

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: \_\_\_\_\_
2. Principal: \_\_\_\_\_
3. Operating Name of Business/Farm: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Risk Location (Legal Address): \_\_\_\_\_
6. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
7. Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

SECTION 2: UNDERWRITING INFORMATION

1. Do you  Own  Rent or  Lease the premises?
2. Are you a member of a Recognized Equestrian Organization(s)?  Yes  No
3. Insured is  an Individual  Corporation  a Partnership
4. Please advise all names of partners or officers of corporation: \_\_\_\_\_
5. Additional Insureds to be named on policy (please explain working relationship):  
\_\_\_\_\_  
\_\_\_\_\_
6. If "Rent" or "Leased" premises, who is the registered owner including address?  
\_\_\_\_\_
7. Total Acreage of Farm: \_\_\_\_\_
8. Do you own or lease any other property?  Yes  No  
If yes, please provide legal address and purpose of lease:  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you sub-lease any part of the premises to others?  Yes  No  
If yes, for what purpose? \_\_\_\_\_
10. Is this the full-time occupation/activity of the Applicant?  Yes  No  
If no, what is the full-time occupation? \_\_\_\_\_  
If yes, please advise the length of time in business at this location: \_\_\_\_\_
11. Declaration of Operations:  
\_\_\_\_\_  
\_\_\_\_\_

12. Please explain the total experience in the equestrian field including number of years:

\_\_\_\_\_

**SECTION 3: BUILDING CONSTRUCTION INFORMATION**

1. Please fill out the information below.

Occupancy	Construction/Dimensions/Age/Heat	# of Stalls	Fire Ext/Smoke/Burglary Alarm

2. Is there an indoor arena on the property?  Yes  No  
Does this arena include grandstands or viewing room with heating?  Yes  No

3. Is there a swimming pool or pond on the property?  Yes  No  
If yes, please advise the Depth \_\_\_\_\_ and Dimensions \_\_\_\_\_

4. What type of fencing is used on property? \_\_\_\_\_ Age \_\_\_\_\_  
Is fencing in good repair?  Yes  No  
Are there gates to any/all road accesses?  Yes  No  
What type of latch or chain system is used on gates? \_\_\_\_\_

5. Are there shelters provided in paddock(s)?  Yes  No

6. Who is responsible for the maintenance of buildings and fencing? \_\_\_\_\_

7. Do you have bleachers or grandstands?  Yes  No If yes, please provide photos.

Type of Construction: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Are they  Owned or Rented  Permanent or Temporary?  
Do they have handrails?  Yes  No  
Who erects and/or maintains the bleachers or grandstands? \_\_\_\_\_

**OWNERSHIP OF HORSES**

8. How many horses do you own or lease? \_\_\_\_\_

9. Please, list the purpose for which these horses are used for:

\_\_\_\_\_

10. Are you involved in any equestrian activities outside of Canada?  Yes  No

If **yes**, please explain in detail: \_\_\_\_\_

### BOARDING – *attach copy of boarding agreement*

11. Do you board horses?  Yes  No If **yes**, how many: \_\_\_\_\_

12. What is the minimum value \_\_\_\_\_ and maximum value \_\_\_\_\_ of boarded horses?

13. Are any of the boarders on premises for training, sale or breeding purposes?  Yes  No

### BREEDING – *attach copy of breeding agreement*

14. Do you own (a) stallion(s) used for breeding on or off your premises?  Yes  No

If **yes**, how many? \_\_\_\_\_

15. How many non-owned mares did the stallion(s) breed on or off premises (natural/A.I.)? \_\_\_\_\_

16. Do you harvest and/or transport semen?  Yes  No

If **yes**, how often and where? \_\_\_\_\_

### TRAINING – *attach copy of training agreement*

17. Do you train horses?  Yes  No

If **yes**, please advise the number of owned: \_\_\_\_\_ and/or non-owned: \_\_\_\_\_

18. Do you sell horses as an agent for others?  Yes  No # per year: \_\_\_\_\_

19. Please explain method of sales: \_\_\_\_\_

20. Is the buyer allowed to test-ride the horse?  Yes  No

If **yes**, how is this conducted? \_\_\_\_\_

21. Is Certified Equestrian Protective Headgear mandatory for anyone under 18 years of age performing a test-ride?  Yes  No

### SHIPPING OF OTHER PEOPLE'S HORSES

22. Do you transport horses for others?  Yes  No

If **yes**, please describe: \_\_\_\_\_

23. What percentage of your business does transportation represent? \_\_\_\_\_ % Annual # kms: \_\_\_\_\_

24. What is the minimum value \_\_\_\_\_ and maximum value \_\_\_\_\_ of horses transported?

25. Who is the registered owner of the truck and trailer? \_\_\_\_\_

26. How many trailers do you own and what is the maximum capacity of each?  
\_\_\_\_\_

### Riding Instructions/Clinics/Camps

Please provide for all coaches, trainers and clinicians:

- A copy of their certification if they are Certified, and
- A copy of their resume of experience if they are Uncertified.

**Please Note:** Outside Coaches, Trainers, and Clinicians will not be insured by this policy for their activities. If they operate on your premises, it is a requirement of this insurance that they provide proof of liability with appropriate coverages and limits. Further, it is required that they name you on their policy as Additional Insured and that we receive a copy of this endorsement.

#### CLINICS

27. How many clinics do you operate on premises annually? \_\_\_\_\_ Off premises? \_\_\_\_\_

28. How many participants attend each clinic? \_\_\_\_\_ Number of days per clinic? \_\_\_\_\_

29. Type of clinic: \_\_\_\_\_

30. Are the clinicians insured separately under their own policy?  Yes  No

If yes, please attach Proof of Insurance.

#### RIDING INSTRUCTIONS

31. Do you give or organize riding lessons on your premise?  Yes  No Off premises?  Yes  No

32. Do you own or lease horses used for riding instruction?  Yes  No If yes, how many? \_\_\_\_\_

33. Please advise the total number of students per week on premises: \_\_\_\_\_ Off premises: \_\_\_\_\_

34. Who gives the riding instruction? List qualifications, experience, age. (Attach Resumes/Certificates)

35. Are Instructors  Owners  Employees  Contract Instructors  Other: \_\_\_\_\_

36. What type of lessons are provided? \_\_\_\_\_

37. Do you provide riding instruction to persons with disabilities?  Yes  No

If yes, who gives the instruction, include qualifications of instructor.

38. Are students  attending on an individual basis, or  part of a group or organization?

39. Please indicate the number of students \_\_\_\_\_ and their range of ages \_\_\_\_\_

40. Is the equine facility equipped for this exposure?  Yes  No

Please describe:

**CAMPS**

41. Do you operate day camps?  Yes  No **If yes**, how many weekly sessions per year? \_\_\_\_\_
42. What is the minimum age of participants? \_\_\_\_\_ What percentage are beginners? \_\_\_\_\_ %
43. How many participants are in each session? \_\_\_\_\_ Please advise the instructor ratio: \_\_\_\_\_
44. What percentage of these participants would represent the same students that take regular riding instruction during the year? \_\_\_\_\_ %
45. Please provide a schedule of a typical day at camp, showing ALL activities available (attach brochure or web site if available):

- 
46. Is swimming part of the camp?  Yes  No

**If any activity is off premises and you provide transportation to participants, please provide details of the activity to your automobile insurer.**

**OTHER OPERATIONS**

47. Do you own any other livestock?  Yes  No

**If yes**, please describe: \_\_\_\_\_

48. Do you own any dogs?  Yes  No

**If yes**, how many, breed and use: \_\_\_\_\_

49. Has/Have the dog(s) ever bitten or threatened to bite?  Yes  No

**If yes**, please describe: \_\_\_\_\_

50. Are outside dogs allowed on the premises?  Yes  No

51. Are all dogs confined or leashed during lessons/shows/clinics?  Yes  No

52. Do you rent or lease your premises for the purpose of dog training or agility course activities?  Yes  No

**If yes**, please describe operations, annual receipts and attach proof of insurance:

- 
53. How many employees do you have? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Casual: \_\_\_\_\_

54. Are any of these employees working to pay off board or lessons?  Yes  No

55. Are you, or is the farm, enrolled with a Workers Safety and/or Insurance Board?  Yes  No

56. Do you own motorized equipment i.e. tractors, ATVs, snowmobiles, motorcycles, golf carts?  Yes  No

57. Is this motorized equipment used in the daily operations of the facility?  Yes  No

58. Do you manufacture and/or repair any goods sold?  Yes  No

**If yes**, please describe: \_\_\_\_\_



**This policy does not cover products liability.**

59. Do you repair riding equipment for others?  Yes  No

60. Do you sell tack and/or clothing?  Yes  No

If yes, please advise Annual Gross Receipts: \_\_\_\_\_

Location of Premises: \_\_\_\_\_

61. Do you have food or snack bar sales?  Yes  No

If yes, please advise Annual Gross Receipts: \_\_\_\_\_

Location of Premises: \_\_\_\_\_

62. Do you have  Commercial Grill(s)  Deep Fat Fryer(s)

63. Do you provide food and/or beverage at any activity organized or operated by you?  Yes  No

If yes, please provide gross receipts for Food: \_\_\_\_\_ Alcohol: \_\_\_\_\_

64. Whose name appears on the liquor license? \_\_\_\_\_

65. Is the food and beverage service catered?  Yes  No

66. In the preparation area, do you have working  Fire Extinguishers  Smoke Alarm System

67. Do you have vending machines on premise?  Yes  No

68. Do you sell hay or feed?  Yes  No

69. Do you prepare/mix animal feed for sale or consumption?  Yes  No

70. Do you perform farrier services?  Yes  No If yes,  On premises  Off premises

Annual Gross Receipts: \_\_\_\_\_

71. Do you have an Apprentice?  Yes  No If yes, please advise payroll: \_\_\_\_\_

Do you have a Helper?  Yes  No If yes, please advise payroll: \_\_\_\_\_

**HORSE SHOWS**

72. Do you organize or operate horse shows on or off premises?  Yes  No

If yes, please complete the supplementary application.

**JUDGE, COURSE DESIGN, STEWARD OR OFFICIAL**

73. Do you judge, course design, steward or officiate at horse shows?  Yes  No

If yes, please advise number of shows: Equine Canada: \_\_\_\_\_ Other: \_\_\_\_\_

74. Are the shows held  On premises or  Off premises?

**SAFETY PROGRAM**

75. Do you have safety and barn rules posted?  Yes  No

76. Do you abide by the liability laws of the province listed on the application?  Yes  No

77. Do you require a signed release/waiver for all equine activities?  Yes  No
78. Do you have emergency evacuation procedures for all buildings?  Yes  No
79. Is smoking permitted in any of the buildings?  
If **yes**, is there a designated smoking area?  Yes  No
80. Do you have "No Smoking" signs clearly posted in off-limit areas?  Yes  No
81. Do you have a designated Safety Officer?  Yes  No
82. Is Certified Equestrian Protective Headgear mandatory?  Yes  No
83. Are riding helmets provided to lesson/clinic/outside participants?  Yes  No
84. Are breakaway stirrups used on any lesson equipment?  Yes  No
85. Is there a closed-circuit television monitor/security patrol?  Yes  No
86. Check or describe safety gear required:  Boots/Heeled Footwear  Long Pants  Gloves  
 Other: \_\_\_\_\_
87. Gross Receipts for:
- |                 |                           |                |
|-----------------|---------------------------|----------------|
| Boarding: _____ | Breeding/Foaling: _____   | Clinics: _____ |
| Training: _____ | Riding Instruction: _____ | Camps: _____   |
| Other: _____    |                           |                |

**Trail riding and/or rental of horses to the general public on an hourly basis, hay rides, pony rides, or sleigh rides are excluded under this insurance policy.**

#### SECTION 4: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Property Damage Deductible on prior policy?  Yes  No Amount: \_\_\_\_\_
2. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):  
\_\_\_\_\_  
\_\_\_\_\_
3. Effective Date: \_\_\_\_\_
4. Limits of Insurance desired: Commercial General Liability
- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> \$1,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$2,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$3,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$5,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |



**SECTION 5: OTHER INFORMATION**

Please provide any other information you feel would assist in the evaluation of your application:

**SECTION 6: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

**BROKER CONTACT INFORMATION**

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____

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