

**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. Are you an  Independent Instructor or  Employee?
2. If an "Employee", please advise name of the farm/company: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_  
Number of Years of Riding Experience: \_\_\_\_\_  Certified  Non-Certified
4. Please list all equestrian organization memberships that you hold:  
\_\_\_\_\_
5. Details of Competition and Teaching Experience (Resume is acceptable):  
\_\_\_\_\_
6. Do you  Own,  Rent or  Lease premises for the purpose of conducting equine activities?
7. Do you provide owned or leased horses for lessons, competitions or clinics?  Yes  No  
**If yes**, what is the maximum number of horses provided per activity? \_\_\_\_\_
8. Do you board, train or show horses belonging to others?  Yes  No  
**If yes**, how many at any one time? \_\_\_\_\_ Minimum Value: \_\_\_\_\_ Maximum Value: \_\_\_\_\_
9. Riding instruction is given by (check all that apply):  You,  Your Employee or  Independent Coach
10. Annual Receipts: Riding Instruction: \_\_\_\_\_ Training: \_\_\_\_\_  
Boarding: \_\_\_\_\_ Clinics: \_\_\_\_\_
11. Does anyone under the age of 18 give riding instruction or conduct clinics for you?  Yes  No
12. Do you provide riding instruction to persons with disabilities?  Yes  No  
**If yes**, please provide details of experience and how the facility has been adapted:  
\_\_\_\_\_

## 13. Level of Instruction Given:

Beginner: Number of Students Under 18: \_\_\_\_\_ 18 & over: \_\_\_\_\_ Ratio of Students to Coach: \_\_\_\_\_  
 Intermediate: Number of Students Under 18: \_\_\_\_\_ 18 & over: \_\_\_\_\_ Ratio of Students to Coach: \_\_\_\_\_  
 Advanced: Number of Students Under 18: \_\_\_\_\_ 18 & over: \_\_\_\_\_ Ratio of Students to Coach: \_\_\_\_\_

14. Are stallions used during instruction?  Yes  No

If **yes**, are students (check all that apply)  Beginners,  Intermediates and/or  Advanced?

15. Do you organize shows/competitions/clinics on any other organizations behalf?  Yes  No

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

16. Do you judge any horse shows?  Yes  No

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

17. Are you covered under the show's liability policy?  Yes  No18. Do you provide any course design(s)?  Yes  No

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

## 19. If instruction is provided by independent instructors working for you, please indicate:

How many instructors? \_\_\_\_\_ How many students each? \_\_\_\_\_

Do you obtain certificates of insurance from each coach?  Yes  No If **yes**, please provide copy(ies).

## 20. If instruction is provided by employees, please indicate:

How many employees? \_\_\_\_\_  Certified  Non-Certified

How many students each? \_\_\_\_\_

**Their policy must carry the same liability limits as your policy. Independent instructors or employees operating under your name can be added as Additional Insureds with an appropriate charge, but coverage is limited to your operations only.**

21. Do all clients sign contractual agreements/waivers for your services?  Yes  No

If **yes**, please attach a copy.

### SECTION 3: 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:

\$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000



**SECTION 4: NOTICE**

Wagon rides, sleigh rides, carriage rides and public trail riding are excluded from this policy.

**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: \_\_\_\_\_