

Riding Clubs/Associations Liability and Directors & Officers

SECTION 1: APPLICANT INFORMATION

1. Name of Club/Association: _____
2. Contact: _____
3. Mailing Address: _____
4. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
5. Email: _____ Fax: _____ Website: _____

SECTION 2: UNDERWRITING INFORMATION

1. Are you a member of Equine Canada Provincial or None?
2. Club/Association is for Profit or, Non-Profit?
3. Number of Years in Operation: _____
4. Number of Members: _____
5. Number of Sub-clubs/Associations: _____
6. Number of Directors: _____
7. How many general meetings of the club/association are held per year? _____
8. How many directors' meetings of the club/association are held per year? _____
9. Gross Annual Receipts: _____
10. Do you sanction any horse shows/activities? Yes No
11. Do you run any horse shows/activities (including clinics)? Yes No
12. Are these shows run under Equine Canada rules? Yes No
13. How many shows/activities per year? _____
14. Average Number of Days per Show/Activity: _____
15. Estimated Number of Participants per Activity: _____
16. Please provide a schedule of shows/clinics along with the entry forms and waivers.
17. Please describe any other operations (i.e. banquets, fundraisers, trail rides, owned or leased property):

18. Do you require property coverage? Yes No
If yes, please advise what limit is required: _____

19. Do you require Directors & Officers coverage? Yes No

If **yes**, please provide a copy of the operating budget.

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. CGL Limit Required:
 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000
5. D&O Limit Required:
 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

SECTION 4: NOTICE

Coverage is excluded for race horses and/or race training, public trail, wagon and sleigh rides.

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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10466 Mayfield Road
Edmonton, AB T5P 4P4



PH: 1-877-451-5663 | 780-451-5663
FAX: 780-443-0984



RiskCan.ca
farm@riskcan.ca