

Section 1: Applicant Information

1. Name of Insured: _____
2. Contact Name: _____
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):

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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:

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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 No60. 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 No66. In the preparation area, do you have working Fire Extinguishers Smoke Alarm System67. Do you have vending machines on premise? Yes No68. Do you sell hay or feed? Yes No69. Do you prepare/mix animal feed for sale or consumption? Yes No70. 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 OFFICIAL73. 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 No76. 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
 - \$1,000,000 aggregate per policy year ▶ Property Damage Deductible \$1,000
 - \$2,000,000 aggregate per policy year ▶ Property Damage Deductible \$1,000
 - \$3,000,000 aggregate per policy year ▶ Property Damage Deductible \$1,000
 - \$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:

[Empty text box for providing additional information]

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 Agile Underwriting Solutions Inc. until accepted by Agile Underwriting Solutions Inc., 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 Agile Underwriting Solutions Inc. and Agile Underwriting Solutions Inc. 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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