

# Riding Clubs/Associations Liability and Directors & Officers



## Section 1: Applicant Information

1. Name of Club/Association: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_
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 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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