

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. 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 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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