



INSURANCE • INVESTMENTS • MORTGAGES • BENEFITS

# ANIMAL THERAPIES & ANIMAL FIRST AID TEACHER LIABILITY APPLICATION

New Business OR  Renewal (Expiring Policy # \_\_\_\_\_)

## RISK INFORMATION:

Business Name \_\_\_\_\_

Indicate if you are an  Individual  Corporation  Partnership  Other \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY PROVINCE POSTAL CODE

Email \_\_\_\_\_ Website \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Risk Location (if other than above) \_\_\_\_\_

Loc #1 \_\_\_\_\_

Loc #2 \_\_\_\_\_

## OPERATIONAL INFORMATION:

Date Insurance Required \_\_\_\_\_

General Liability Limit:  \$2,000,000  \$5,000,000  Other \_\_\_\_\_

Total Estimated Gross Revenue this year \$ \_\_\_\_\_ Total Actual Gross Revenue last year \$ \_\_\_\_\_

Type of Animals:  Equine  Canine  Feline  Livestock

Business Discipline:  Chiropractic  Massage  Therapies (heat; ice; magnetic; water)

Acupuncture  Acupressure  Transportation of Non-Owned Animals

Animal First Aid Teacher  Reiki

Osteopathy  Herbs & Chinese Medicine

Infrared Therapy  Thermal Imaging

Other. Please describe \_\_\_\_\_

Workshops, Speaking Engagements and Kiosk at Trade Shows, Fairs or Exhibitions are automatically included.

Do you Transport horses belonging to others?  Yes  No If 'yes' the maximum number any one time is \_\_\_\_\_ AND the maximum value any one horse is \$ \_\_\_\_\_

Legal Liability for Non-Owned Animals: Policy includes \$2,500 per animal and \$25,000 per occurrence & annual aggregate

Higher limits are available. Please check box:  \$10,000 per animal and \$100,000 per occurrence & annual aggregate

\$20,000 per animal and \$100,000 per occurrence & annual aggregate

Do you treat any high value horses? (valued at \$100,000 or more)  Yes  No

Do you treat any race horses?  Yes  No

Number of employees: \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ Are all covered by WC/WSIB?  Yes  No

If 'no', explain \_\_\_\_\_

Do you have any Agreements in place where you assume liability?  Yes  No If yes, provide copies.

Any operations or activities outside Canada?  Yes  No If 'yes', explain \_\_\_\_\_

Do you use any sub-contractors?  Yes  No If 'yes', specify activity and receipts below:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Do you obtain a Certificate of Insurance from each sub-contractor with you shown as an additional insured?  Yes  No

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**OTHER ACTIVITIES:**

Describe any other activities/events (i.e. fund-raising; trade shows, special events etc.)

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**PRIOR INSURANCE:**

**Name of Insurer** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Policy Term** \_\_\_\_\_ **Limit** \_\_\_\_\_ **Deductible** \_\_\_\_\_

Has any Insurance Carrier cancelled or refused coverage?  Yes  No If 'yes', explain: \_\_\_\_\_

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**CLAIMS:**

Provide detail of all insurance claims during the past 5 years:  None OR

Date of Loss (mm/dd/yyyy)	Description	Amount Paid (Paid/Reserve)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**INSURED'S STATEMENTS**

Ø **I/We acknowledge** that the insurance applied for is based on the information provided on this Application Form that any misrepresentation may render this insurance Null and Void.

Ø **I declare** the information provided on this Application Form is accurate to the best of my knowledge and belief.

**Applicant Signature/Title** \_\_\_\_\_ **Date Signed** \_\_\_\_\_