



2022 APPLICATION FOR EQUINE ASSOCIATION GROOMS

(BE A MEMBER & RENEW EARLY - GROOM INSURANCE EXPIRES JANUARY 1st EACH YEAR)

Membership in your Provincial Equine Association enables you to apply for low cost broad coverage on most of your Groom activities throughout the year.

CapriCMW Insurance is the official insurance broker of most Equine Associations in Canada.

Questions about this Insurance Program must be directed to CapriCMW.

Liability Insurance for Groom Activities

- Groom insurance is for Grooms who are members of their Provincial Equine Association.
- The coverage is for all “**approved**” activities. “Approved” activities are those that you declare on the attached form which are reviewed by CapriCMW Insurance.
- The Insurance price is only \$200 and provides:
 - \$ 50,000. per Horse, \$250,000. per incident / aggregate if liable for horses of others in your custody
 - \$ 1,000,000. on Tenant Legal Liability on responsibility for rented premises
 - \$ 5,000,000. on Commercial General Liability including Injury to Participants

If you want this very broad special insurance complete and return the attached application.

Coverage is not effective until both the signed application form and the payment are received.

NOTE: Remember to enclose your payment as coverage cannot be made effective until we have received the Application Form and the Premium Payment.

NOTE: This policy contains a Communicable Disease Exclusion

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

WESTERN PROVINCES & TERRITORIES:

100 – 1500 HARDY STREET, KELOWNA, BC V1Y 8H2
Phone Toll Free 1-800-670-1877 Fax 1-888-822-6115
Website: www.capricmw.ca/horse
Email: agri@capricmw.ca

PROVINCES ONTARIO EASTWARD:

15221 YONGE STREET, AURORA, ON L4G 1L8
Phone Toll Free: 1-888-394-3330 Fax: 1-888-822-6115
Website: www.capricmw.ca/horse
Email: forms@equicare.ca



2022 APPLICATION FOR EQUINE ASSOCIATION GROOMS

Insurance expires January 1, 2023

Please Print Clearly

Equine Groom Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone # _____ Mobile # _____
 Email Address: _____

I am Current and a Member of my Provincial Equine Association (PTSO)

MEMBERSHIP #

**** Important Note – Membership is required in order for insurance coverage to be valid ****

Date of Birth: _____ **** Important Note – Minimum age of 18 required ****

Number of years Equine Grooming Experience: _____

- Activities Performed as an Equine Groom: Brush Bathe Tacking up Exercise/Warm-Up Rides
 Transportation of horses Feeding/Watering Mucking Stalls
 Other: _____

**** NOTE: Coverage excludes any and all liability arising from the administration of any first aid unless under the direction of a licensed veterinarian ****

Equestrian Discipline: _____

Maximum # of Non-Owned horses in your care at any one time is: _____

Maximum value per Non-Owned horse is \$ _____

****Maximum limit \$50,000 any-one non-owned horse/\$250,000 Limit, Per Occurrence; \$250,000 Aggregate limit****

Average hours worked per week: _____ **** Minimum 10 hours per week is required for coverage to apply ****

**POLICY PREMIUM IS FULLY
RETAINED & NON-
REFUNDABLE**

Total Insurance Cost =	\$ 200.00
Add PST (see below) =	\$ _____
(AB = 0% / BC = 0% / MB = 7% / NB = 0% / NL = 15% / NS = 0% / NT = 0% / ON = 8% / PE = 0% / SK = 6% / YT = 0%)	
Total Payable =	\$ _____

Applicant Signature: _____ Date Signed: _____

"Must be Signed"

PREMIUM PAYMENT

- NOTE** - Payment is required in order to make coverage effective.
 - Cheque must be payable to CapriCMW Insurance Services Ltd.
 - If you want to pay by Credit Card please contact our office.

**** Do you want your policy emailed OR mailed? ****

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