



# 2022 EQUINE COMPETITION / CLINIC APPLICATION

1. Applicant Name: \_\_\_\_\_
2. Applicant Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_
3. Location of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_
4. How many years has the event been operating: \_\_\_\_\_ a) At this site: \_\_\_\_\_ b) At other locations: \_\_\_\_\_
5. What type of classes are offered at the event: \_\_\_\_\_
6. How many people will be attending? (estimated audience/auditors) \_\_\_\_\_
7. How many horses will be participating? \_\_\_\_\_
8. Total value of prize money (if applicable) \$ \_\_\_\_\_
9. Do you provide stabling  Yes  No If 'yes', # of day stalls: \_\_\_\_\_ # of overnight stalls: \_\_\_\_\_  
 Who owns the stabling (if applicable): \_\_\_\_\_
10. How many Volunteers will be assisting at this event (not including Officials): \_\_\_\_\_
11. How many Officials are there (include Judges, Timers, Stewards and Employees): \_\_\_\_\_
12. Do you provide food and/or beverage  Yes  No If 'yes', describe: \_\_\_\_\_
13. Do you provide alcohol:  Yes  No **OR** Is it provided by someone other than you  Yes  No  
 If 'yes', who is responsible for the liquor permit: \_\_\_\_\_
14. Are there any other activities going on at the same site on the same day(s)  Yes  No  
 If 'yes', describe: \_\_\_\_\_
15. If this is a Competition, what governing authority is sanctioning the Show (i.e. E.C., P.S.O. etc.): \_\_\_\_\_
16. What Provincial Equine Association are you a 'member in good standing' of: \_\_\_\_\_

**\*MINIMUM RETAINED PREMIUM \$300 (plus PST) PER SHOW OR COMPETITION\***

**PST:** AB = 0% / BC = 0% / MB = 7% / NB = 0% / NL = 15% / NS = 0% / NT = 0% / ON = 8% / PE = 0% / SK = 6% / YT = 0%

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b>Optional Coverage:</b>	<p>Care, Custody and Control for Non-Owned Animals is automatically included for a limit of \$50,000. any one animal; \$250,000. limit any one occurrence; \$250,000. aggregate.</p> <p>OPTIONS: (check applicable box if increased limit required)</p> <p><input type="checkbox"/> Increase to \$50,000. Limit of <b>\$500,000</b> per occurrence/aggregate for an additional premium of \$150</p> <p><input type="checkbox"/> Increase to \$100,000. Limit of <b>\$1,000,000</b> per occurrence/aggregate for an additional premium of \$250</p> <p><input type="checkbox"/> Increase to \$250,000. Limit of <b>\$1,000,000</b> per occurrence/aggregate for an additional premium of \$350</p>
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**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? \*\***



# Minimum Operational Requirements For Equestrian Shows/Competitions

It is a condition of the insurance applied for that the following Minimum Operational Requirements will be in place and remain in place for the duration of the insurance term.

1. The Accident Report Forms supplied by the Insurer will be completed and submitted to the Insurer in the event of any known incident involving bodily injury or property damage.
2. The facility must be maintained in good repair for the purpose the property is intended, including fencing and stabling areas.
3. Signs must be posted cautioning the public that horses are present.
4. The entire premises (barns, rings, means of access for horses, riders, cars, trucks, trailers, other participants and the general public) will be examined in advance of the shows/competitions to identify any specific safety hazards for the specific show/competition and a strategy which removes or minimizes any hazards will be implemented.
5. Hazardous materials and any equipment presenting a danger will be stored out of the reach of spectators, participants and animals.
6. Access to competition areas will be strictly limited to officials, competitors and emergency personnel.
7. Spectators will be restricted to certain controlled areas for parking, seating and viewing.
8. Horses will be separated from spectators while on the premises.
9. Dogs will not be allowed on site unless they are kept under control and on a leash.
10. Designated "warm-up" areas will be provided with no lounging allowed while others are riding.
11. Rules of conduct for the exercise and warm-up areas should be posted and enforced.
12. Only qualified officials, judges, course designers, and/or stewards will be used.
13. A safety officer will be appointed and will conduct regular spot checks to assure new hazards have not appeared and that controlled hazards remain under control.
14. Medical personnel with First Aid and CPR or trained Paramedics will be on site for the duration of the shows/competitions.
15. Congestion on the premises will be controlled to provide access for emergency vehicles.
16. Water will be available for both horses and riders.
17. A policy will be established to deal with unruly or unsafe animals who are present at the event and all participants will agree in advance to comply with this policy.
18. A strict code of ethics and rules for the show/competition will be provided to all participants in advance of the shows/competitions.
19. Everyone involved in the preparation and running of the shows/competitions will be fully informed of these requirements and will agree to their enforcement.
20. I understand that this insurance does not cover any claims arising directly or indirectly from any communicable disease.

I \_\_\_\_\_ of \_\_\_\_\_  
 (Name of Principal) (Name of Business)

state that I have read the above information. I state that I understand the above information. I understand it is a condition of the insurance contract that the above "Operational Requirements" will be in place and remain in place throughout the term of the insurance contract. I understand that any non-compliance with any of the above stated "Operational Requirements" that contributes to a loss may render the contract of insurance null and void, and any loss resulting or arising out of such non-compliance may not be covered by the contract of insurance.

Signature of Principal: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<p><b><u>WESTERN PROVINCES &amp; TERRITORIES:</u></b>          100 – 1500 HARDY STREET, KELOWNA, BC V1Y 8H2          Phone Toll Free 1-800-670-1877 Fax 1-888-822-6115          Website: <a href="http://www.capricmw.ca/horse">www.capricmw.ca/horse</a>          Email: <a href="mailto:agri@capricmw.ca">agri@capricmw.ca</a></p>	<p><b><u>PROVINCES ONTARIO EASTWARD:</u></b>          15221 YONGE STREET, AURORA, ON L4G 1L8          Phone Toll Free: 1-888-394-3330 Fax: 1-888-822-6115          Website: <a href="http://www.capricmw.ca/horse">www.capricmw.ca/horse</a>          Email: <a href="mailto:forms@equicare.ca">forms@equicare.ca</a></p>
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