



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.)

PRIOR INSURANCE:

Name of Insurer Policy # Policy Term Limit Deductible

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

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** _____