



## COMMERCIAL EQUINE LIABILITY APPLICATION

Toll Free: 1-800-670-1877  
 Fax: 1-888-822-6115  
 Email: [agri@capri.ca](mailto:agri@capri.ca)

Name of Applicant: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Operation:  Sole Proprietor  Joint Venture  Limited or Incorporated Company

Mailing Address: \_\_\_\_\_  

STREET
CITY
PROVINCE
POSTAL CODE

Residence Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Business Location ( above, OR): \_\_\_\_\_

Number of Years Experience in this Business/Profession/Industry: \_\_\_\_\_ Number of Claims in the past 5 years: \_\_\_\_\_

Have you ever been Cancelled, Declined or Refused Insurance:  Yes  No

Full Legal Name(s) and Mailing Address(es) of Legal Entities to be included in your policy as an "Additional Insured" :  
 \_\_\_\_\_  
 \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_  New Policy or  Renewal

Amount of Insurance Required:  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000  Refer for Higher Limit

**Check ALL equine services that you offer and indicate the ANNUAL gross revenue for each (if no revenue, show NIL):**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Boarding	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Breeding	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Instruction	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental of Facility	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Camps	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Transport	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Horses	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sale of Horses	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing of horses	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	Farrier - for others	\$

If YES to Instruction, describe the disciplines/activities that you teach: \_\_\_\_\_

Maximum number of NON-OWNED horses in your Care, Custody or Control any one time: \_\_\_\_\_

Limit of Coverage required for NON-OWNED horses in your Care, Custody and Control:

\$20,000 Maximum per horse/\$250,000 Maximum per Occurrence  Yes  No

\$50,000 Maximum per horse/\$500,000 Maximum per Occurrence  Yes  No

\$100,000 Maximum per horse/\$500,000 Maximum per Occurrence  Yes  No

\$250,000 Maximum per horse/\$1,000,000 Maximum per Occurrence  Yes  No

Are you certified for any of the equine services that you provide:  Yes  No. If YES, by whom: \_\_\_\_\_

Do you provide Therapeutic Riding or Equine Assisted Learning Services:  Yes  No. If YES, annual revenue: \$ \_\_\_\_\_

Do you organize and /or operate Shows/Events:  Yes  No. If YES, describe: \_\_\_\_\_

Do you organize and/or operate Clinics and/or Seminars:  Yes  No. If YES, describe: \_\_\_\_\_

Do you allow riding instruction on your premises by anyone other than you or your employees?  Yes\*\*  No \*\*If 'Yes', you must confirm that they have Commercial General Liability insurance in force with a minimum limit of \$2,000,000.

Do you offer any services relating to EQUINE VAULTING or ROUGH STOCK RODEO:  Yes\*\*  No

(\*NOTE: Policy excludes Injury to Participants while practicing for or participating in any practice, contest, performance or exhibition relating to Equine Vaulting or Rough Stock Rodeo type events or activities).



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Do you provide any of the following services, and if YES indicate the ANNUAL gross revenue for each:

Table with 4 columns: Service type, Yes/No checkboxes, Revenue field, and another Service type/Yes/No checkboxes/Revenue field.

\*\*If YES to any of the above, a supplemental Questionnaire and Operational Requirement form must be completed\*\*

What is the maximum number horses used for business purposes:
Do you have any employees:
Do you offer Retail Sales (i.e. Tack/Clothing/Feed, etc.):
Do you occupy, rent or lease buildings you do not own:
# of Dogs on the Premises:

\*\* Dogs must be kept separated from Horse Riding/Lesson Areas, with the exception of Registered Service Dogs \*\*

Do you provide any other equine services NOT shown in this application:
If YES, please Describe: Annual Revenue: \$
Do you provide ANY equine activities, operations, services and/or Sales to the USA:
If YES, please describe: Annual Revenue: \$

INSURED'S STATEMENT

I UNDERSTAND:

- Where applicable, all Participants will sign a Release and Acknowledgement of Risk Form. Failure to obtain such forms could adversely affect my insurance coverage.
Accident Report Forms will be completed and submitted to the Insurer in the event of any known incident involving Bodily Injury or Property Damage.
That the insurance applied for is based solely on the information I have provided on the form.
That misrepresentation by me of the information provided will render this insurance Null and Void

AT ALL TIMES, I am responsible for following Risk Management practices that include, but are not limited to:

- Using / providing horses that are trained and suited for their intended purpose, are sound and in good health to ensure the safety of all customers / participants / recipients of the services I provide
Using / providing , tack, vehicles or equipment that are suitable for their intended purpose, are in good repair to ensure the safety of all customers / participants / recipients of the services I provide.
Ensuring that employees, volunteers, contract workers who are in contact with customers/ participants are trained and capable to perform their duties as assigned and are over the age of 16.
Ensuring that the environment is safe for customers to participate in the activity / service provided by way of personal and regular evaluation and assessment and withdrawing / stopping service if the environment changes adversely.
Making available appropriate First Aid and emergency response at the time service is provided. This means having at least one individual available at all times who is certified / trained for the rendering of medical aid as appropriate.
Providing a timely and written account of incidents to the insuring company or it's representatives by way of an accident reporting form in each circumstance where bodily injury occurs.
Not offering /providing riding instruction to persons who are under the age of 5 years.
Where required, ensuring that all mounted customers / participants are equipped with a helmet designed for equine activities and hard soled shoes with a raised heel and closed toe unless they have signed a specific Safety Equipment Acknowledgment and Release Form.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Capri Insurance Services Ltd. endeavors to minimize the amount of paper used in our business. We support the electronic storage of insurance policy documents and thank you in advance for your cooperation.

Would you like your policy documents: [ ] Emailed OR [ ] Mailed



# CAMP QUESTIONNAIRE

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Name of Applicant: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Maximum number of Camps held each year: \_\_\_\_\_ Maximum Duration of any one Camp: \_\_\_\_\_ (days or nights)

Maximum number of Participants per Camp: \_\_\_\_\_ Are Camps Co-Ed:  Yes  No

Age Ranges:  Under 10  11 - 17  18 and Over

Accommodation: Do your participants/guests provide their own accommodations:  Yes  No

Do you provide accommodation for your participants/guests:  Yes  No. If YES, please check:

Tents  Cabins  Tent or Camper Trailers  In Your Home

Other - Describe: \_\_\_\_\_

Food/Beverage: Do you provide meals for your participants/guests:  Yes  No

Do you provide and/or serve Alcohol:  Yes  No

Do you have food safety or beverage service certification:  Yes  No

Camp Activities: Do you offer Trail Rides or Pony Rides as part of your camp:  Yes  No

Are horses provided for participants/guests to use:  Yes  No

Please describe all equine activities offered:

Do you provide Petting Zoo activities:  Yes  No. If YES, provide full details:

Is Entertainment provided:  Yes  No. If YES, describe the in full detail:

Do participants/guests have access to playground areas, trampolines or bouncy castles:  Yes  No. If YES, describe the in full detail:

Is Swimming offered:  Yes  No. If "Yes", describe the swimming area and any supervision:

Do you provide Canoes or Kayaks:  Yes  No

Do you offer Rock Climbing or Hiking Excursions:  Yes  No

Are Field Trips arranged:  Yes  No. If YES, describe in full including the Supervision and method of Transportation used:

Other - Describe: \_\_\_\_\_

First Aid: A person with valid first aid and CPR training will be available day and night:  Yes  No

Supervision: Number of Counselors / Supervisors: \_\_\_\_\_ Minimum # of Years Experience: \_\_\_\_\_

Describe Special Qualifications: \_\_\_\_\_

Inspections: Regular premises safety inspections will be done and hazards identified will be removed, repaired, replaced or controlled with barriers or warning signs:  Yes  No

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