



## APPLICATION for Equine Association GROOMS



( BE A MEMBER & RENEW EARLY - GROOM INSURANCE EXPIRES JANUARY 1<sup>st</sup> 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.

Capri and Intercity Insurance are the official insurance broker's of most Equine Associations in Canada. **Questions about this Insurance Program must be directed to Capri or Intercity.**

### Liability Insurance for Groom Activities

- Ø Groom insurance is for Grooms who are members of their Provincial Equine Association.
- Ø The coverage is for all "**approved**" activities. "Approved" activities are those that you declare on the attached form which are reviewed by Capri or Intercity Insurance.
- Ø The Insurance price is only \$150. 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 World Wide 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.

### IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

#### WESTERN PROVINCES & TERRITORIES:

CAPRI INSURANCE SERVICES LTD.  
100 – 1500 HARDY STREET, KELOWNA, BC V1Y 8H2  
Phone Toll Free 1-800-670-1877 Fax 1-888-822-6115  
Website: [www.capri.ca/horse](http://www.capri.ca/horse)  
Email: [agri@capri.ca](mailto:agri@capri.ca)

#### PROVINCES ONTARIO EASTWARD:

INTERCITY INSURANCE SERVICES INC.®  
15221 YONGE STREET, AURORA, ON L4G 1L8  
Phone Toll Free: 1-888-394-3330 Fax: 1-888-822-6115  
Website: [www.intercityinsurance.com](http://www.intercityinsurance.com)  
Email: [forms@equicare.ca](mailto:forms@equicare.ca)

**Insurance expires January 1, 2019**

**Please Print Clearly**

Equine Grooms Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Mobile # (\_\_\_\_) \_\_\_\_\_  
 Fax # (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

I am Current and a Member of my Provincial Equine Association (PTSO) **MEMBERSHIP #** **REQUIRED**

**\*\* 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 = \$ 150.00  
 Add PST (if applicable) = \$  
 Total Payable = \$

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

**"Must be Signed"**

**NOTE** - Payment is required in order to make coverage effective.  
 - Cheques must be payable to Capri Insurance Services Ltd. **OR** Intercity Insurance Services Inc.  
 - If using your Credit Card to pay please include the following information:  
 Visa  MasterCard  American Express

Card # \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

Card Holder's Name (Please Print) \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

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

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