



2023 APPLICATION FOR EQUINE ASSOCIATION GROOMS

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

Membership in your Provincial Equine Association enables you to apply for low cost broad coverage insurance for 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 \$250 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



2023 APPLICATION FOR EQUINE ASSOCIATION GROOMS

Name of Groom: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Residence Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Date of birth (dd/mm/yyyy): _____

Are you a current member of your provincial equine association (HCBC, AEF, SHF, MHC, OE, NBEA, IHC, NEA ETC.)

Yes No

****IMPORTANT – Provincial Equine Association Membership is required in order for insurance to be valid****

What Provincial Equine Association are you a member of? _____ What is your current Membership #: _____

Number of years Equine Grooming Experience: _____

Activities Performed as an Equine Grooms:

- 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****

What Equestrian discipline(s) do you groom for? _____

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

Maximum value per Non-Owned horse \$ _____

**** 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****

NOTE: If Policy is cancelled, the Minimum Retained Premium is \$250

Policy Expired January 1st 2024

TOTAL PREMIUM \$250.00

ADD PST IF APPLICABLE

AB = 0% / BC = 0% / MB = 7% / NB = 0% / NL = 15% / NS = 0% / NT = 0% /

ON = 8% / PE = 0% / SK = 6% / YT = 0%

\$

TOTAL INCLUDING PST

\$

Applicant Signature: _____ Date Signed: _____

****Must be signed****

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

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