



COMMERCIAL EQUINE ENTERPRISE LIABILITY APPLICATION

Name of Applicant: _____

(Please Print Clearly)

Doing Business As: _____

Business Operation: Sole Proprietor Joint Venture Limited Company Incorporated Company

Description of Operation(s): _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

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

Email: _____ Website/Social Media Link: _____

Business Location (above, OR): _____
STREET CITY PROVINCE POSTAL CODE

Birth Date: _____ Number of years commercial experience in the activities described herein to be considered for coverage? _____

If less than 5 years, what related experience do you have? _____

Previous Insurer: _____ Expiry date: _____

Have you had any insurance claims in the past 5 years? Yes No. If Yes, Provide details: _____

Have you ever been Cancelled, Declined or Refused Insurance: Yes No. If Yes, provide reason: _____

Are you required by contract/Agreement to add someone as Additional Insured? If so, provide their full name and address and reason (i.e. Landlord) they are being added (if more than 2 additional insured's please use separate page).

PLEASE NOTE Unable to add Additional Insureds with USA mailing address

Legal Name: _____ Reason: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Legal Name: _____ Reason: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Are you a member of your provincial equine association (HCBC, AEF, SHF, MHC, OE, NBEA, IHC, NEA etc.) Yes No

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

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

**ANNUAL REVENUE = PAYMENT RECEIVED BEFORE EXPENSES
IF UNKNOWN = WHAT YOU PROJECT YOUR ANNUAL GROSS REVENUE TO BE**

Do you offer Boarding? Yes No. If Yes, how many horses do you Board Indoors _____ Outdoors _____

What is the monthly boarding fee per horse? _____ Indoor Board _____ Outdoor Board

Do you require that all boarders/owners join their provincial equine association to confirm liability insurance is in place? Yes No.

Do you have boarding agreement in place? Yes No. If Yes, please provide a copy.

Do you offer Training of Horse(s)? Yes No. If Yes, What is the fee charged/monthly for training: _____

How many horses received training services from you/your business last year? _____

What is the anticipated number of horses receiving training services from you/your business each month next year? _____

What is your annual Gross Revenue: _____

Does the training service provided involved any mounted sessions to/with the owner? Yes No.

Do you offer Transport? Yes No. If Yes, Annual Gross Revenue: _____

Do you transport to the US? Yes No

What is the maximum Number of Non-Owned horse(s) you can transport at any one time? _____



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Do you offer Farrier services to others? Yes No. If Yes, Annual Gross Revenue: _____

Do you offer Instruction and/or Therapeutic Riding Instruction? Yes No. If Yes, what are your fees charged/hour for instruction?

Private _____ Semi-Private _____ Group (Max Ratio 6 to 1) _____

How many students total per week do you provide service to? Private _____ Semi-Private _____ Group (Max Ratio 6 to 1) _____

Describe the disciplines activities that you teach? _____

Have you and your employee instructors completed Safe Sport and Concussion awareness training? Yes No

Do you require all students join their Provincial Equine Association to confirm liability/accident insurance is in place? Yes No

Are you certified Yes No. If yes, by whom and for how many years? _____

Do you offer Day Camps? Yes No. If Yes, Annual Gross Revenue: _____

Do you provide meals? Yes No. If Yes, please describe: _____

If you provide meals, do you have your current Food Safe Certification? Yes No

Is your Ratio of campers to care providers/supervisors more than 5 to 1? Yes No

Are all supervisors 16 yrs or older? Yes No

Are all supervisors current with first aid and emergency action plan training? Yes No

Do you offer any of the following activities as part of your camp? Trampolines Bouncy Castles

Pony Rides Swimming and/or water sports Petting Zoo Any Excursions off Site Vaulting

Do you Lease Horses to others? Yes No. If Yes, Annual Gross Revenue: _____

How many horses do you own that are, or can be leased out? _____

Do you offer Breeding Services? Yes No. If Yes, Annual Gross Revenue: _____

Is Stabling provided by you for horses to be bred or foaled? Yes No. If yes, how many at one time? _____

Do you offer Facility Rental to Others? Yes No. If Yes, Annual Gross Revenue: _____

What is the average number of days per month rented? _____

What is the Facility used for when rented to others? _____

Do you require a certificate of insurance from the tenant declaring they have Commercial General liability insurance in place for their occupancy and use of the space and name you as an ADDITIONAL INSURED? Yes No.

Do you offer Sales of Horses? Yes No. If Yes, how many last year? _____

Gross Revenue from all sales last year? _____

Anticipated number of sales in the next year? _____ Gross Revenue for sales next year (estimate)? _____

Do you offer Overnight Camps? Yes No. If Yes, Annual Gross Revenue: _____

PLEASE NOTE IF YES, An Overnight Camp Questionnaire will also need to be completed

Do you offer Pony Rides and/or Birthday Parties to the general public on/off farm? Yes No.

If Yes, Annual Gross Revenue: _____ Please describe activities: _____

PLEASE NOTE IF YES, An Operational Requirement form must also need to be completed

Do you offer Teamster, Wagon or Sleigh Rides? Yes No. If Yes, Annual Gross Revenue: _____

How many horse drawn vehicles do you own, lease or borrow for this activity? _____

PLEASE NOTE IF YES, An Operational Requirement form must also need to be completed

Do you offer Trail Rides and/or Pack Trips for the Public? Yes No. If Yes, Annual Gross Revenue: _____

PLEASE NOTE IF YES, An Operational Requirement form must also need to be completed



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Do you offer Petting Zoos and/or Farm Tours? Yes No. If Yes, Annual Gross Revenue: _____

Please describe farm tours and/or interaction with animals and type of animals: _____

PLEASE NOTE IF YES, An Operational Requirement form must also need to be completed

Do you offer Retail Sales of Horse Related Items? Yes No. If Yes, Annual Gross Revenue: _____

Please describe items sold: _____

Do you host any Horse Auctions? Yes No. If Yes, Annual Gross Revenue: _____

What is the TOTAL number horses used by you for business purposes in all operations COMBINED: _____

(For example: lesson horses, trail ride horses, teamster, pony rides etc.)

Do you host provide Equine Assisted Learning Services? Yes No. If Yes, Annual Gross Revenue: _____

If yes, are you a certified practitioner Yes No. If yes, by whom? _____ How long certified? _____ year(s).

Do you Organize and/or operate Shows/Events? Yes No. If Yes, Annual Gross Revenue: _____

Total Number of Shows/Event days in the year? _____ Average number of participants/competitors per event day: _____

Please provide discipline details (type of show): _____

Do you offer stabling facilities during the event? Yes No. If Yes, maximum number of horses stabled? _____

Do you Organize and/or operate Clinics and/or Seminars? Yes No. If Yes, Annual Gross Revenue: _____

Total Number of Clinic days in the year? _____ Are the Clinics: Mounted Class Room

Average number of Clinic and/or Seminar participants per day: _____

Please provide brief description of topics taught at clinic(s): _____

Do you offer stabling facilities during the event? Yes No. If Yes, maximum number of horses stabled? _____

Do you allow riding instruction on your premises by anyone other than you or your employees? Yes No

Do you confirm and require that all instructors have a Commercial General Liability insurance policy in force with a minimum of \$2,000,000? Yes No

Are you listed as an Additional Insured under the instructors insurance policy Yes No

PLEASE NOTE: Proof may be requested at any point throughout your policy term

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)

Do you have any employees? Yes No. Do you follow the employee standards act? Yes** No

Do you hire Contract Workers? Yes No. Do you require proof of insurance? Yes** No

Do you occupy, rent or lease buildings you do not own: Yes No. If YES, what is their replacement value: \$ _____

Are all Dogs kept separated from Horse Riding/Lesson Areas, with the exception of Registered Service Dogs? Yes No

Do you provide any other equine services NOT shown in this application: Yes No. (IE: Equine First Aid/Massage)

If YES, please Describe: _____ Annual Revenue: \$ _____

Do you provide ANY equine activities, operations, services and/or sales to the USA: Yes No

If YES, please describe: _____ Annual Revenue: \$ _____



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Do you have ANY other operations not shown in this application: Yes No (IE. Non Equine related operations)

If YES, please describe: _____

Do you have NON-OWNED horses in your Care, Custody or Control at ANY time? Yes No
(For Example if you have any of the following Boarding, Training, Breeding, Transport, Sales of Horses or Farrier Services)

What is the Maximum Number of NON-OWNED horses in your Care, Custody or Control at ANY one time? _____

What is the Maximum Value of Non-Owned horse in your Care, Custody or Control at ANY one time? _____

Limit of Coverage required for NON-OWNED horses in your Care, Custody and Control (CC&C):

- \$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

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
- **This Policy excludes all claims or actions arising directly or indirectly from Abuse**
- **This policy excludes all claims or actions arising directly or indirectly from the transmission or contraction of communicable disease, including, but limited to COVID 19 and variants.**

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.
- No stallions, horses under five years of age, or horses with a condition or disposition known to be hazardous to riders will be provided to anyone participating in lessons.

Signature of Applicant _____

Date Signed _____

Western Provinces and Territories:
CapriCMW Insurance Services Ltd.
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
TF 1 800 670 1877 F 1 888 822 6115
E agri@capricmw.ca W capricmw.ca/equine

Ontario and Provinces Eastward:
CapriCMW Insurance Services Ltd.
15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 F 1 888 822 6115
E forms@equicare.ca W capricmw.ca/equine



COMMERCIAL EQUINE ENTERPRISE LIABILITY OVERNIGHT CAMP QUESTIONNAIRE

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.

PLEASE NOTE: If YES, coverage is EXCLUDED for trampolines and/or bouncy castles.

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: _____

Is your Ratio of campers to care providers/supervisors more than 5 to 1? Yes No

Are all supervisors current with first aid training and emergency action plan? Yes No

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

NOTE: This policy excludes all claims or actions arising directly or indirectly from Abuse

Signature of Applicant: _____ Date Signed: _____