

Name of Applicant:												
Doing Business As:												
Operating As: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Company <input type="checkbox"/> Incorporated												
Description of Operations:												
Address:				City:			Prov:			Postal Code:		
Residence #:				Cell #:				Date of Birth:				
Email:					Web Site:							
Business Location (<input type="checkbox"/> above, OR):												
Number of years experience in this Business/Profession/Industry:					Have you had a claim in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please advise date, details and payout:												
Have you ever been Cancelled, Declined or Refused Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, please provide reason:							
Policy Effective Date:					<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal <input type="checkbox"/> Quote							
Are you required by Contract/Agreement to add someone as Additional Insured? If so, provide their full name, address and reason (i.e. Landlord) they are being added (If more than 2 additional insured's, please use separate page).												
PLEASE NOTE: We Are Unable to add Additional Insured's with a USA mailing address												
Legal Name:				Reason:								
Mailing Address:												
Legal Name:				Reason:								
Mailing Address:												
I am current member of my provincial Equine Association: <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, Member of which Provincial Association:							
Membership #:		Amount of Insurance Required: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Higher Limit										
Do you Offer Boarding? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Annual Gross Revenue:			\$		(Revenue shown is based on estimate for the next 12 months)				
Do you have a boarding agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please provide a copy								
Do you offer Training of Horses? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Annual Gross Revenue:			\$						
Do you offer Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Annual Gross Revenue:			\$						
Do you transport to the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No			Maximum Number of Non-Owned horses you can transport at any one time?									
Do you offer Farrier Services to others? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Annual Gross Revenue:		\$						
Do you offer Instruction and/or Therapeutic Riding Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Annual Gross Revenue:		\$						
How many students on average per week do you provide service(s) to?												
If Yes, please describe the disciplines/activities that you teach:												

Do you offer Day Camps? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Do you provide meals? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please describe:	
Do you have your current Food Safe Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your ratio to care providers/supervisors more than 5 to 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all supervisors 16 yrs or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are all supervisors current with first aid and emergency action plan training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer any of the following activities as part of your camp: <input type="checkbox"/> Trampolines <input type="checkbox"/> Bouncy Castles <input type="checkbox"/> Pony Rides <input type="checkbox"/> Swimming and/or water sports <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Any Excursions off Site <input type="checkbox"/> Vaulting			
Do you Lease Horses to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Do you offer Breeding Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Do you offer Facility Rental to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Average number of days per month rented?			
Do you offer Sales of Horses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you offer Overnight Camps? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
PLEASE NOTE IF YES, A Completed Overnight Camp Questionnaire will also need to be completed			
Do you offer Pony Rides and/or Birthday Parties? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Please describe activities:			
PLEASE NOTE IF YES, An Operational Requirement form must be completed			
Do you offer Teamster, Wagon or Sleigh Rides? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
PLEASE NOTE IF YES, An Operational Requirement form must be completed			
Do you offer Trail Rides and/or Pack Trips for the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
PLEASE NOTE IF YES, An Operational Requirement form must be completed			
Do you offer Petting Zoos and/or Farm Tours? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Describe farm tours and/or interaction with animals and type of animals:			
PLEASE NOTE IF YES, An Operational Requirement form must be completed			
Do you offer Retail Sales of Horse Related Items? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
Please describe items sold:			
Do you host any Horse Auctions? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$
What is the maximum number of horses used for <u>business</u> purposes:		(For example lesson horses, trail ride horses etc.)	
Do you provide Equine Assisted Learning Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue:	\$

Do you Organize and/or operate Shows/Events? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue: \$	
Total number of Horse Show days in the year:		Average number of participants/competitors per event day:	
Please Provide Competition type (ex. H/J, Penning, Dressage):			
Do you Organize and/or operate Clinic/Seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue: \$	
Total number of Clinic days in the year:		Average number of Clinic and/or Seminar participants per day:	
Are Clinics and/or Seminars Mounted or Class Room:			
Please Provide Details:			
Do you allow riding instruction on your premises by anyone other than you or your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you confirm and require that all instructors have a Commercial General Liability insurance policy in force with a minimum limit of \$2,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you listed as an Additional Insured under the instructors insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you offer any services relating to EQUINE VAULTING or ROUGH STOCK RODEO? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Do you follow the employee standards act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hire Contract Workers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Do you require proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you occupy, rent or lease buildings you do not own? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, What is their replacement value? \$	
Are all Dogs kept separate from Horse Riding/Lesson Areas, with the exception of Registered Service Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you provide any other EQUINE Services NOT shown in this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue: \$	
Please describe Services:			
Do you have any Activities, Operations, Services and/or Sales in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Annual Gross Revenue: \$	
Please provide details of any operations or activities in the USA:			
Do you have any other operations NOT shown in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please describe what they are and where they are insured:			
Are you certified for any of the equine services that you provide: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, By whom:	
Level of Accreditation:		How long have you been certified? Years	

Do you have NON-OWNED horses in your Care, Custody or Control at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the Maximum # of NON-OWNED horses in your Care, Custody or Control at any one time?	
What is the Maximum Value per NON-OWNED horse?	\$
Limit of Coverage Required for NON-OWNED horses in your Care, Custody or Control (CC&C):	
\$20,000 Maximum per horse/\$250,000 Maximum per Occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$50,000 Maximum per horse/\$500,000 Maximum per Occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$100,000 Maximum per horse/\$500,000 Maximum per Occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$250,000 Maximum per horse/\$1,000,000 Maximum per Occurrence <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

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 its 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:	
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CapriCMW 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?

<p align="center"><u>WESTERN PROVINCES & TERRITORIES:</u> CAPRICMW 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.capricmw.ca/equine Email: agri@capricmw.ca</p>	<p align="center"><u>PROVINCES ONTARIO EASTWARD:</u> CAPRICMW INSURANCE SERVICES LTD. 15221 YONGE STREET, AURORA, ON L4G 1L8 Phone Toll Free: 1-888-394-3330 Fax: 1-888-822-6115 Website: www.capricmw.ca/equine Email: forms@equicare.ca</p>
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Name of Applicant:			
Doing Business As:			
Maximum number of Camps held each year:		Maximum Duration of any one Camp:	
Maximum number of Participants per Camp:		Are Camps Co-Ed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age Ranges:	<input type="checkbox"/> Under 10 <input type="checkbox"/> 11 – 17 <input type="checkbox"/> 18 and Over		
Accommodation:	Do your participants/guests provide their own accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you provide accommodation for your participants/guests: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, Please Check:	<input type="checkbox"/> Tents <input type="checkbox"/> Cabins <input type="checkbox"/> Tent or Camper Trailers <input type="checkbox"/> In Your Home	
	Other – Describe:		
Food/Beverage:	Do you provide meals for your participants/guests: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide and/or serve Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have food safety or beverage service certification: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Camp Activities:	Do you offer Trail Rides or Pony Rides as part of your camp: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are horses provided for participants/guests to use: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please describe all equine activities offered:		
	Do you provide Petting Zoo activities: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Provide full detail:	
	Is Entertainment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Provide full detail:	
	Do participants/guests have access to playground areas, trampolines or bouncy castles: <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE NOTE IF YES, Coverage is EXCLUDED for trampolines and/or bouncy castles		
	Is Swimming offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe swimming area and supervision:	
	Do you provide Canoes or Kayaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you offer Rock Climbing or Hiking Excursions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are Field Trips arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, describe in full including the Supervision and method of transportation:	
	Other – Describe:		
First Aid:	A person with valid first aid and CPR training will be available day and night: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all supervisors current with first aid training and emergency action plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspections:	Regular premises safety inspections will be done and hazards identified will be removed, repaired, replaced or controlled with barriers or warning signs: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: This policy excludes all claims or actions arising directly or indirectly from Abuse			
Signature of Applicant:			Date Signed:



**COMMERCIAL EQUINE
ENTERPRISE LIABILITY
MINIMUM OPERATIONAL REQUIREMENTS
FOR PONY RIDES**



It is a condition of the insurance applied for that the following Minimum Operational Requirements will be in place and remain in place for the duration of the insurance term.

- All riders will be **required** to wear a helmet designed for equine activities which is equipped with a safety chin strap.
- All ponies will be led on foot by a strong, capable individual accompanied by a side walker. An adult must be in attendance at all times.
- The Accident Report Forms will be completed and submitted to the Insurer in the event of any known incident involving bodily injury or property damage.
- No unassisted mounting or dismounting of ponies will be permitted.
- No stallions, ponies under five years of age, sick, lame or blind ponies will be used by anyone participating in rides.
- Bareback riding will not be permitted.
- Maximum one rider per pony.

All employees or independent contractors involved will be fully informed of these requirements and will agree to enforce them.

I, _____ of _____
 (Name of Principal) (Name of Business)

state that I have read the above information and I state that I understand the above information. I understand that any non-compliance with any of the above stated "Operational Requirements" that contributes to a loss may render the contract of insurance null and void, and any loss resulting or arising out of such non-compliance may not be covered by the contract of insurance.

Signature of Principal: _____ Date Signed: _____

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**COMMERCIAL EQUINE
ENTERPRISE LIABILITY
MINIMUM OPERATIONAL REQUIREMENTS
FOR TRAIL/PACK RIDES**



It is a condition of the insurance applied for that the following Minimum Operational Requirements will be in place and remain in place for the duration of the insurance term.

- The Release and Acknowledgment Forms supplied by the Insurer will be signed by every person to whom the care, custody, control or use of an equine is relinquished by the Insured.
- The Accident Report Forms will be completed and submitted to the Insurer in the event of any known incident involving bodily injury or property damage.
- Minimum age for riders is 10 years of age (or 6 if being ponied by an assistant guide)
- Riders must properly fit saddle and stirrups, must be properly fitted for the horse, with all having been checked by stable manager or head guide.
- No bareback riding permitted.
- All riders will be required to wear a helmet designed for equine activities which is equipped with a safety chin strap
- All riders will be required to wear hard soled and closed-toed footwear with a heel sufficient in height to restrict the foot from passing through the stirrup unless stirrups are equipped with "Tapaderos" or a breakaway feature.
- All horses being mounted must be held by an employee (mounting blocks are recommended).
- Dismounting and mounting during the ride will only be permitted with the assistance of a guide.
- Maximum one rider per horse (no double riding).
- All rides will be conducted during daylight hours (between dawn and dusk).
- All rides will have a ratio of one head guide to six riders.
- Minimum of one functional set of two-way communication with the stable (walkie-talkie or cell phone) on each ride.
- All head guides will have a valid first aid certificate and CPR training.
- All head guides must be 18 years old, and have at least 3 years guiding experience
- All assistant guides must be 16 years old and have at least 3 years horse experience.
- All guides and assistants will be reference and skill checked by the manager.
- All employees or independent contractors involved in riding instruction or providing horses to others will be fully informed of these requirements and will agree to enforce them.

I _____ of _____
 (Name of Principal) (Name of Business)

state that I have read the above information and I state that I understand the above information. I understand that any non-compliance with any of the above stated "Operational Requirements" that contributes to a loss may render the contract of insurance null and void, and any loss resulting or arising out of such non-compliance may not be covered by the contract of insurance.

Signature of Principal: _____ Date Signed: _____

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**COMMERCIAL EQUINE
ENTERPRISE LIABILITY
MINIMUM OPERATIONAL REQUIREMENTS
FOR WAGON RIDES, SLEIGH RIDES AND
BUGGY, CART OR CARRIAGE RIDES**



It is a condition of the insurance applied for that the following Minimum Operational Requirements will be in place and remain in place for the duration of the insurance term.

All wagons, sleighs, buggies, carts, carriages and non-motorized conveyances are hereafter referred to as “vehicle” or “vehicles”.

- Some type of camera will be available to photograph any accident scene to assist in the process of loss adjustment involving property damage.
- The Accident Report Forms will be completed and submitted to the Insurer in the event of any known incident involving bodily injury or property damage.
- All vehicles will have a “slow moving vehicle symbol” displayed.
- All vehicles will be equipped with hydraulic or approved mechanical brakes (except sleighs), unless vehicles are pulled by a tractor with brakes.
- All vehicles being used for dusk or night rides will be equipped with lights (front and back) and horses will have reflectors attached to their tack, saddles or neck yokes.
- Hay wagons must have sideboards with a controlled access and entry way.
- All vehicles must be operated by an employed driver at all times.
- All drivers must have at least three years driving experience.
- No alcohol is permitted on any ride.
- All passengers must remain seated while vehicle is in motion.
- All employees or independent contractors involved will be fully informed of these requirements and will agree to enforce them.

I, _____ of _____
 (Name of Applicant/Principal) (Name of Business)

state that I have read the above information and I state that I understand the above information. I understand that any non-compliance with any of the above stated “Operational Requirements” that contributes to a loss may render the contract of insurance null and void, and any loss resulting or arising out of such non-compliance may not be covered by the contract of insurance.

Signature of Applicant/Principal _____ Date Signed _____

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**COMMERCIAL EQUINE
ENTERPRISE LIABILITY
MINIMUM OPERATIONAL REQUIREMENTS
FOR PETTING ZOO**



It is a condition of the insurance applied for that the following Minimum Operational Requirements will be in place and remain in place for the duration of the insurance term.

- In the event of any incident involving injury to any person, an Accident Report Form supplied by the Insurer will be promptly completed.
- Some type of camera will be available to photograph accident scenes.
- A person with valid first aid and CPR training will be available during normal business hours.
- A physical barrier will be established to contain all Petting Zoo animals on the premises.
- The barriers will be appropriately maintained to prevent animal escape.
- The Petting Zoo areas will address the safety and comfort of the animals.
- Hand washing **and/or hand sanitizing** facilities will be readily available for public use.
- Soap and clean paper towels will be available at the hand washing facility.
- A staff person will be assigned responsibility for regular safety/maintenance inspections of the premises that will pay particular attention to rectifying any hazard which may contribute to a customer becoming injured (such as but not limited to slip/trip/fall incidents).
- Any hazard identified from a regular safety/maintenance inspection or noticed during the regular performance of employment will be promptly brought to the attention of management.
- Identified hazards will be promptly removed, repaired or replaced.
- All staff will be informed of these requirements and agree to comply.

I _____ of _____
 (Print Name of Principal) (Print Name of Business)

state that I have read the above information and I state that I understand the above information. I understand it is a condition of the insurance contract that the above "Operational Requirements" will be in place and remain in place throughout the term of the insurance contract. I state that to the best of my ability I enforce compliance with these requirements.

Signature of Principal _____ Date Signed _____

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