



# 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**

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



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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: \$ \_\_\_\_\_

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

If YES, please describe: \_\_\_\_\_



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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:**

Acera 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:**

Acera 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: \_\_\_\_\_