



**INTERCITY
INSURANCE**

**COMMERCIAL EQUINE
LIABILITY APPLICATION**

**Toll Free: (888) 394-3330
Fax: (905) 841-0030**

Name of Applicant _____

Doing Business As _____

You are a Member of: HCBC AEF SHF OEF EC MHC NBEA IHC NSEF _____ (Other)

Certifications: CANTRA CHA EC CVA Cartier Epona _____ (Other)

Mailing Address _____
STREET CITY PROVINCE POSTAL CODE

Residence Phone: (____) _____ Business Phone: (____) _____ Fax: (____) _____

Cell Phone: (____) _____ Email: _____

Business Location (above, OR): _____

Name(s) of any Legal Entities to be added to your policy as an "Additional Insured" with respect to your activities:

Insurance Required: Day _____ Month _____ Year _____ Amount of Insurance: \$2 mil \$5 mil (Higher limits available)

ACTIVITIES: Check ALL that apply and indicate gross revenue (if no revenue, show NIL). If you have an activity or revenue not indicated, please show under 'Other':

<input type="checkbox"/> Yes <input type="checkbox"/> No	Boarding	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breeding	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinics	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	EAL	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farrier	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Feed Sales	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Horse Sales	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Instruction	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing Horses	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retail Sales *	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pony Rides	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight Camps	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rough Stock Events	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shows	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Teamster Rides	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trail Ride/Pack Trip	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Horses	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation	\$

* **Retail Sales** (i.e. Tack Sales) – Describe: _____

Other – Describe: _____ \$ _____

Other – Describe: _____ \$ _____

Other – Describe: _____ \$ _____

Any activities/operations in the USA? Yes No If "Yes", specify if any Income \$ _____

Any goods sold into the USA? Yes No If "Yes", specify if any Income \$ _____

Provide full details of **ALL** USA activities/operations or sales: _____

of Years Experience in this Business _____ # of Claims past 5 years _____ Insurance Ever Cancelled Yes No

Do you occupy buildings you do not own Yes No If "Yes" what is their replacement value \$ _____

Indoor Ring Yes No Overnight Camps Yes No (If 'yes', Camp Questionnaire must be completed)

of Dogs on the Premises _____ (Note: If any Dogs, they "must" be kept separate from Horse Riding/Lesson Areas)



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Maximum number of horses that you own / use / borrow / lease that are used for **commercial operations**: _____

Do you allow riding instruction by others on your premises? Yes No If 'Yes', you must verify they have Liability insurance in force with a minimum limit of \$1,000,000.

Do you organize: Shows Yes No Clinics Yes No Rough Stock type events or activities Yes No

Maximum number of NON-OWNED horses in your care, custody or control any one time (board; transport; breed etc): _____

Maximum value of any one NON-OWNED horse in your care, custody or control is: \$ _____

FARRIER: If you offer Farrier services, provide the following information –

1. Are you a certified Farrier? Yes No Certifying body _____
2. What is the maximum value of any one horse \$ _____

INSURED'S STATEMENTS

- **I state** that where required, all Participants will sign the Insurer's Release and Acknowledgment Form.
- **I understand** that failure to use this Release and Acknowledgment Form may render my insurance Null and Void.
- **I understand** the Insurer's Release and Acknowledgment Form is a requirement for insurance purpose only and that the Insurer and/or the Insurer's Authorized Representatives implies no legal validity for this Form.
- **I understand** the insurance applied for is based on the information I have provided on this Application Form.
- **I understand** misrepresentation by me of the information provided will render this insurance Null and Void.
- **I state** the information I have provided on this Application is accurate to the best of my knowledge and belief.

Signature of Applicant _____ Date Signed _____

Would you like your policy documents: Emailed OR Mailed



**INTERCITY
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OVERNIGHT CAMP QUESTIONNAIRE

**Toll Free: (888) 394-3330
Fax: (905) 841-0030**

Name of Applicant: _____

Maximum number of Camps held each year _____ Maximum Duration of any one Camp _____ (nights)

Maximum number of Participants per Camp _____ Are Camps Co-Ed Yes No

Age Ranges: Under 10 11 - 12 13 - 17 18 and Over

Accommodation: Tents Cabins Tent or Camper Trailers In Your Home

Other - Describe: _____

First Aid: A person with valid first aid and CPR training will be available day and night Yes No

Food/Beverage: Campers provide own meals Yes No We provide meals Yes No

Activities: Equine Yes No If "Yes", describe the in full detail

Campers provide their own horses Yes No

Horses are provided for Campers to use Yes No

Equine Trail Rides are arranged Yes No

Petting Zoos Yes No If "Yes", describe the in full detail

Entertainment: Yes No If "Yes", describe the in full detail

Amusement Rides/Playground Areas: Yes No If "Yes", describe the in full detail

Swimming: Yes No If "Yes", describe the swimming area and any supervision

Canoes are provided: Yes No Kayaks are provided: Yes No

Rock Climbing is available: Yes No Wilderness Hiking: Yes No

Crafts: Yes No If "Yes", describe including the Materials Used and the Supervision

Camp Games: Yes No If "Yes", describe in full including the Supervision

Field Trips: Yes No If "Yes", describe in full including the Supervision and the Transportation used

Other - Describe: _____

Supervision: Number of Counselors / Supervisors _____ Minimum # of Years Experience _____

Describe Special Qualifications _____

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

Signature of Applicant _____ Date Signed _____



**Minimum Operational Requirements
For
Equestrian Boarding, Training or Breeding Facilities
and / or Instruction**

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 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.
- Some type of camera and film will be available to photograph any accident scene, injured person and spectators to assist in the process of loss adjustment.
- The facility must be maintained in good repair for the purpose the property is intended, including fencing and stabling areas.
- Signs must be posted cautioning the public that horses are present.
- Owners of horses boarded, or persons designated by owners of boarded horses for the purpose of caring for, training or selling the boarded horse, will not allow their guests any access to the boarding facility which is not supervised by them.
- No instruction may be given to anyone under 4 years of age.
- All tack used in instruction shall be properly adjusted for the horse and for the rider.
- All head instructors shall be at least 18 years of age and have a minimum of 5 years riding experience or be certified by a governing or educational organization accepted by the Insurer.
- Assistant instructors will only be allowed to instruct while under the direction of a head instructor and must be 16 years old with a minimum of 3 years riding experience.
- All instructors must teach only within the scope of their experience or expertise.
- All instructors will have a valid first aid certificate and CPR training.
- All instruction will require a ratio of no more than six riding students to one head instructor.
- 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 footwear with a heel sufficient in height to restrict the foot from passing through the stirrup.
- Riding instruction will include instruction for emergency situations including, controlling a runaway horse, proper handling of reins and pre-ride inspection.
- 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.
- All employees, lessees or independent contractors involved in riding instruction or involved in 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 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 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 _____



**INTERCITY
INSURANCE**

Minimum Operational Requirements For Equestrian Shows / Competitions

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 participant.
- 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.
- Some type of camera will be available to photograph any accident scene, injured person and spectators to assist in the process of loss adjustment.
- The facility must be maintained in good repair for the purpose the property is intended, including fencing and stabling areas.
- Signs must be posted cautioning the public that horses are present.
- The entire premises will be examined in advance of the shows/competitions to identify any specific safety hazards for the specific show/competition and a strategy which removes or minimizes any hazards will be implemented.
- Hazardous materials and any equipment presenting a danger will be stored out of the reach of spectators, participants and animals.
- Access to competition areas will be strictly limited to officials, competitors and emergency personnel.
- Spectators will be restricted to certain controlled areas for parking, seating and viewing.
- Horses will be separated from spectators while on the premises.
- Dogs will not be allowed on site unless they are kept under control and on a leash.
- Designated "warm-up" areas will be provided with no longeing allowed while others are riding.
- Rules of conduct for the exercise and warm-up areas should be posted and enforced.
- Only well qualified officials, judges, course designers, and/or stewards will be used.
- A safety officer will be appointed and will conduct regular spot checks to assure new hazards have not appeared and that controlled hazards remain under control.
- Medical personnel or trained paramedics will be on site for the duration of the shows/ competitions.
- Congestion on the premises will be controlled to provide access for emergency vehicles.
- Water will be available for both horses and riders.
- A policy will be established to deal with unruly or unsafe animals who are present at the event and all participants will agree in advance to comply with this policy.
- A strict code of ethics and rules for the show/competition will be provided to all participants in advance of the shows/competitions.
- Everyone involved in the preparation and running of the shows/competitions will be fully informed of these requirements and will agree to their enforcement.

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

state that I have read the above information. 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 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 _____



INTERCITY
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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 ponies will be led on foot by a strong, capable adult accompanied by a side walker.
- Some type of camera will be available to photograph any accident scene, injured person and spectators to assist in the process of loss adjustment.
- 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 riders will be required to wear a helmet designed for equine activities which is equipped with a safety chin strap.
- All employees or independent contractors involved with riders of ponies 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 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 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: _____



**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, injured person and spectators to assist in the process of loss adjustment.
- 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 or vehicles, 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 yolks.
- All vehicles must be operated by an employed driver at all times.
- All rides will have a driver and a helper except helpers will not be required if there are less than 5 passengers.
- 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.
- Hay wagons must have sideboards at least two feet above the seating level and a controlled access and entry way.
- All passengers must be assisted in and out of the vehicle.
- All harnesses and other equipment must be maintained in good repair and checked before each outing by an experienced individual.
- All employees or independent contractors involved in driving or passengers 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 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 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 _____



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.
- Some type of camera will be available to photograph any accident scene, injured person and spectators to assist in the process of loss adjustment.
- Minimum age for riders is 10 years of age (or 6 if being ponied by an assistant guide)
- Riders will only be permitted on horses known to be safe, sound and schooled for the purpose intended, regardless of the rider's ability.
- Riders must properly fit saddle and stirrups having been checked by stable manager.
- All tack shall be properly fitted for the horse and the rider and no bareback riding permitted.
- All tack used by riders must be properly adjusted for the size of the rider.
- 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 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).
- Riders will be matched to horses according to aptitude, ability, and size by manager.
- No stallions, horses under five years of age, sick, lame or blind horses will be used by anyone participating in rides.
- 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.
- While going uphill or downhill during rides, horses will be kept to a safe and appropriate speed.
- Minimum of one functional set of two-way communication with the stable (walkie-talkie or cellular 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 or be certified by the Certified Horseman's Association (C.H.A.) or a Provincial Equine Association.
- 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 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 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: _____



**Minimum Operational Requirements
For
Commercial Transportation of Horses Belonging
to Others**

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.

- Some type of camera will be available to photograph any accident scene, injured person and/or horse to assist in the process of loss adjustment.
- 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.
- Tow Vehicles and Trailers will be generally maintained on a regular basis.
- The braking systems on trailers will be maintained and always functioning properly.
- Breakaway systems will always be functioning properly.
- The inside horse area of trailers will be maintained for the safety of the animals to eliminate sharp edges.
- Inside trailer floors will be checked twice per year, with mats removed and the floor dried for inspection.
- The size and height of trailer in accordance with size and number of horses being transported will be considered prior to every trip.

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. 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 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: _____



Minimum Operational Requirements For Equine Assisted Learning

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 will be signed by every person participating in Equine Assisted Learning.
- 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.
- Some type of camera will be available to photograph any accident scene, injured person and/or spectators to assist in the process of loss adjustment.
- The facility must be maintained in good repair for the purpose of the activity intended.
- No Equine Assisted Learning will involve anyone under eight years of age.
- All facilitators shall be at least nineteen years of age with a minimum of 5 years riding experience.
- As a minimum, all facilitators (or their assistant if one is in use) will have a valid current first aid certificate and CPR training.
- All sessions will be restricted to a maximum ratio of four participants to one facilitator where no physical barrier (such as an appropriate fence) is used to prevent contact between any horse and any of the participants in the session. Where a physical barrier (such as an appropriate fence) is used to prevent contact between any horse and any of the participants in a session, the ratio may be increased to fourteen participants to one facilitator provided no more than four of the participants are permitted on the "horse side" of the barrier at any one time.
- Equine Assistants must be used for any session where more than four participants are involved.
- Physical contact with any horse by participants will be limited to one participant at any one time whether the participant is on the ground or mounted regardless of the use of any physical barrier (such as a fence) until such time as the participants have received adequate instruction to enable them to ride in a competent manner.
- Equine Assistants must be at least sixteen years of age with a minimum of three years riding experience.
- No stallions, horses under five years of age, sick, lame or blind horses will be used by anyone participating in rides.
- No horses with a condition or disposition known to be hazardous will be used in any session.
- All tack used shall be properly adjusted for the horse and for the rider.
- All riders will be required to wear a helmet designed for equine activities which is equipped with a safety chin strap and hard soled footwear with a heel sufficient in height to restrict the foot from passing through the stirrup.
- All employees or independent contractors involved in sessions 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. 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 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. I also understand that the "Bodily Injury" and "Property Damage" insurance provided by this insurance policy does not extend to provide any type of professional liability insurance.

Signature of Principal _____ Date Signed _____