



**INTERCITY
INSURANCE
SERVICES INC.®**

APPLICATION for Equine Association COACHES

(BE A MEMBER & RENEW EARLY – COACH INSURANCE EXPIRES JANUARY 01 EACH YEAR)

2010 Insurance Program for Coaches

Membership in your Provincial Equine Association enables you to apply for low cost broad coverage insurance for any instruction or training activities.

Intercity Insurance® is the official insurance broker of most Equine Associations in Canada.

Questions about this Insurance Program must be directed to Intercity Insurance®.

- This program is for coaches who are members in good standing of their Provincial Equine Association and are at least 19 years of age with a minimum of 5 years riding experience and/or are certified by an approved authority.
- Coverage is extended to insure assistant instructors who are at least 16 years of age with a minimum of 3 years riding experience provided they are operating under the direction of an insured coach meeting the above qualifications.
- The Insurance price starts at only \$250. and provides:
 - \$ 2,000. on owned Money
 - \$ 10,000. on owned Property other than buildings (higher limits available)
 - \$ 25,000. 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 Coach/Trainer World Wide Liability including Injury to Participants
- In addition to coaching activities, this insurance provides coverage for liability arising from:
 - School horses
 - Breeding
 - Clinics arranged or hosted
 - Activities undertaken worldwide
 - Transportation of horses belonging to other people
 - Training of horses (excluding pari-mutuel racing)
 - Schooling Shows for students(and coverage for Boarding or ownership/renting of premises may be added)
- Commercial activities not mentioned above are EXCLUDED under this Coaching program. We will be pleased to arrange coverage for non-qualifying operations under other programs we administer. Please call our office for assistance.

**For lower cost "Certified" insurance rate you must be both "certified" and "current".
Coverage is not effective until both the signed application form and the payment are received.**

Attached is an 'example' of an Acknowledgement of Risk and Release of Liability Form. We strongly urge you to have this or a similar form signed by every one of your clients and keep on file as a matter of prudent risk management.

Optional Coverage:

1. Tack may now be added up to a \$10,000. limit, subject to \$500. deductible for a flat charge of \$50.
2. Higher limits are now available for Non-Owned Horses in your care, custody or control. Refer to the Application.

Other benefits also available are:

- **Equi-Care** for horse mortality / medical / surgical
- **Farm-Care** for homes, arenas and related property
- **Commercial Equine Liability** for other equine activities

INTERCITY INSURANCE SERVICES INC.®
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Fax (905) 841-0030
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COACH APPLICATION – 2010
Insurance Expires January 01 Each Year !

Intercity Insurance® Fax # (905) 841-0030

Please Print Clearly

Coach's Name _____
 Street Address _____
 Phone # () _____ Fax # () _____ Email _____
 CITY _____ PROVINCE _____ POSTAL CODE _____

I am current and a Member of: OEF NBEA NSEF IHC or None of these
Important Note – Membership is required in order for insurance coverage to be valid.

Date of Birth: _____ Number of Years Riding Experience: _____

Describe the disciplines/activities you coach or train: _____

Total # of Employees _____ Do you have any employees who coach/teach on your behalf? Yes No

Do you Board Non-Owned horses? Yes No If "Yes", provide annual revenue \$ _____
 Do you Transport Non-Owned horses? Yes No If "Yes", provide annual revenue \$ _____
 Do you Breed Non-Owned horses? Yes No If "Yes", provide annual revenue \$ _____
 Do you Train Non-Owned horses? Yes No If "Yes", provide annual revenue \$ _____

*Maximum # of Non-Owned horses any one time is _____ *Maximum value per Non-Owned horse is \$ _____
 *Policy includes \$25,000 maximum per non-owned horse and \$250,000 maximum any one occurrence/annual aggregate.

School Horses: How many horses do you own / use / borrow / lease that are used in your riding instruction program _____

How many students do you teach in your program (average per week) _____ Annual Coaching Revenue \$ _____

Any other Equine related activities? Yes No If yes, describe _____ Annual Revenue \$ _____

Claims History (past 5 years):	Date of Loss	Description	Amount Paid
<input type="checkbox"/> None OR	_____	_____	\$ _____

PREMIUM CALCULATION

ITEM **BASIC PREMIUM = \$ 250.**

1) I am a Current "**and**" Certified Coach by one of the following (Check One):
Important Note: Equine Assisted Psychotherapy activities are not covered.
 E.C. CVA CANTRA NARHA CHA Canadian Pony Club: Level _____
 Other - Specify _____

Level of Accreditation: _____ How long have you been certified? _____ years
 Or None of the above choices if "None" add \$450 = \$ _____

2) I Organize Shows/Competitions that include participants who are not my students Yes No
 If "Yes" indicate how many days of the year are involved (cost is \$100/day) _____ x \$100. per day = \$ _____

3) I Own or Rent Premises for the purpose of conducting Equine Activities? Yes No
If you answered "Yes" you must check a box below (pick only one)
 A) Premises for equine activity (may include Boarding of up to 10 horses belonging to others) Add \$300 = \$ _____
 B) As above but with Boarding of 11 to 15 horses belonging to others Add \$450 = \$ _____
(If over 15 horses, contact our office)

4) Overnight Camps Yes No Add \$200 = \$ _____

5) Non-Owned Horses in your care, custody or control: \$50,000 per animal & \$500,000 per occurrence & aggregate Add \$150 = \$ _____
 \$100,000 per animal & \$1,000,000 per occurrence & aggregate Add \$250 = \$ _____
 \$250,000 per animal & \$1,000,000 per occurrence & aggregate Add \$350 = \$ _____

6) Tack - \$10,000. limit; \$500. deductible Yes No Add \$50 = \$ _____

Applicant Signature: _____
 (Must be Signed)
 Date Signed: _____

Total Payable = \$ _____
Ontario residents add 8% PST = \$ _____
TOTAL PREMIUM PAYABLE = \$ _____

Note: Minimum Retained Premium is \$200 or 50% of the calculated premium above, whichever is greater.

NOTE - Payment is required in order to make coverage effective.
 - Cheques must be payable to Intercity Insurance Services Inc.
 - If using your Credit Card to pay please include the following information:

Visa MasterCard AmEx Expiry Date (mm/yy) _____ Card # _____

Card Holder's Name (Please Print) _____

Card Holder's Signature _____

****ATTACH A COPY OF THE WAIVER / RELEASE OF LIABILITY FORM USED****