



EQUINE CLUB/ASSOCIATION  
GENERAL LIABILITY INSURANCE  
APPLICATION

Please complete all questions in full. Use additional paper if necessary, thank you.

Legal Name of Club / Association: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

2015 Gross Annual Receipts: \$ \_\_\_\_\_ Number of members expected in 2016: \_\_\_\_\_

Are you an Umbrella / Parent organization with Regional / Local groups under your control? \_\_\_\_\_

➤ **If Yes, please complete Affiliate Supplement overleaf**

Do you own or lease any premises / buildings? \_\_\_\_\_

➤ **If Yes, please complete Property Supplement overleaf**

Do you participate in any parades? \_\_\_\_\_ If Yes, how many per year? \_\_\_\_\_

➤ **IMPORTANT – coverage for Parades must be requested and purchased in advance**

Do you sell alcoholic beverages at any Club event? \_\_\_\_\_

➤ **IMPORTANT – If Yes, please call 1 888 244-6709 or email [kglaiser@bflcanada.ca](mailto:kglaiser@bflcanada.ca) to discuss with us prior to your event**

What is the expected maximum value of any one non-owned horse in your care, custody and control (for example, horse stabled at horse show or clinic)? \$ \_\_\_\_\_

What is the maximum # of non-owned horses in your care, custody and control at any one time? \_\_\_\_\_

Do participants in club events (horse shows, clinics, etc.) sign contractual agreements / waivers? \_\_\_\_\_ If Yes, please attach a copy.

How many horse shows and/or clinics do you organize and operate per year? \_\_\_\_\_

Do you have any other activities not described above? \_\_\_\_\_ Please explain: \_\_\_\_\_

Please provide details of any claims against you or incidents that may give rise to a claim in the past 5 years.

**Policy Limits / Terms:**

**\$2,000,000** or **\$5,000,000** Commercial General Liability (we will quote both unless you circle one)

**\$10,000** Miscellaneous Property (Contents only unless buildings are specifically listed – see overleaf) is automatically included at no additional cost. If you require a higher limit, please advise: \_\_\_\_\_

**\$10,000** per horse / **\$100,000** per occurrence Stableman's Liability is automatically included at no additional cost. We will quote increased limits if your application indicates the need to do so.

Additional Insureds to be named on your policy (if needed): \_\_\_\_\_

Reason for additional insured request: \_\_\_\_\_

**If you wish to obtain a quotation for Directors and Officers Liability Coverage, please call 1 888 244-6709 or email [kglaiser@bflcanada.ca](mailto:kglaiser@bflcanada.ca) to request an application for completion.**

With respect to the above personal information pertaining to myself and my Club, I give BFL CANADA Risk and Insurance Services Inc. permission to gather and communicate with necessary individuals (e.g. Underwriters) for insurance purposes.  
\_\_\_\_\_ (Please Initial)

To the best of my (our) knowledge all information provided is true and accurate. I (we) understand that any misstatement on this application shall be considered a violation of coverage afforded by any policy issued on the basis of this application, and any policy issued shall be considered null and void.

Signature

Name and Title

Date

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**AFFILIATE SUPPLEMENT**

**Please complete this section only if you are an Umbrella or Parent organization with Regional or Local groups under your control and for which insurance must be provided.**

Name of Branch / Affiliate	# of Members expected for 2016	2015 Gross Receipts	Province of Operation

**PROPERTY SUPPLEMENT**

**Please complete this section only if you own or lease premises or buildings for which insurance must be provided under this Policy.**

Location of Owned Premises (provide legal description if available)	Type of Building	Year Built	Building Construction	Limit of Insurance Required

Are any of the above buildings / premises rented to others? \_\_\_\_\_

Do you board non-owned horses (other than temporary stabling for horse shows / clinics)? \_\_\_\_\_

Do you own horses? \_\_\_\_\_

- **If you answer Yes to any of the above, please call 1 888 244-6709 or email [kglouser@bflcanada.ca](mailto:kglouser@bflcanada.ca) to ensure proper coverage is in place**