MANITOBA HORSE COUNCIL
2017 CLUB MEMBER 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: _____

2016 Gross Annual Receipts: $_____ Number of members expected in 2017: _____

Do you own or lease any property / premises / buildings? _____

- If Yes, please call Kara Glauser at 1 888 244-6709 or email kglauser@bflcanada.ca

Do you sell alcoholic beverages at any Club event? _____

- IMPORTANT – If Yes, please call Kara Glauser at 1 888 244-6709 or email kglauser@bflcanada.ca to discuss with us prior to your event

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

Please describe all usual Club activities: _____

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:

$5,000,000 Commercial General Liability

$10,000 per horse / $100,000 per occurrence Stableman's Liability

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 Kara Glauser at 1 888 244-6709 or email kglauser@bflcanada.ca to request an application for completion.

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