

2021 EQUINE PROFESSIONAL APPLICATION for COACHES / INSTRUCTORS / TRAINERS

(BE A MEMBER & RENEW EARLY - COACH INSURANCE EXPIRES JANUARY 1st EACH YEAR)

Membership in your Provincial Equine Association (PTSO) enables you to apply for low cost broad coverage insurance for approved coaching, instruction or training activities.

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

Questions about this Insurance Program must be directed to CapriCMW.

- This program is for COACHES, INSTRUCTORS OR TRAINERS who are members in good standing of their Provincial Equine Association and has reached the age of majority with either a minimum of 5 years riding experience 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.
- Individuals or Corporate Entities under Contract to you are not insured.
- ➤ The Insurance price starts at only \$350, and provides:
 - \$ 10,000. on owned Property other than buildings (higher limits available)
 - \$ 50,000, 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/Instructor/Trainer Liability including Injury to Participants

Crime coverage as follows:

- \$ 10,000. Employee Dishonesty Form A
- \$ 2,500. Broad Form Money & Securities
- \$ 2,500. Money Orders and Counterfeit Paper Currency
- \$ 2,500. Depositors Forgery
- In addition to coaching, instruction and training, the insurance includes the following:
 - School horses
 - Breeding
 - Clinics arranged or hosted

- Transportation of horses belonging to other people
- Training of horses (excluding pari-mutuel racing)
- Schooling Shows for students

Coverage for Boarding may be added. Refer to the Application.

Commercial activities not mentioned above are EXCLUDED under this program. We will be pleased to arrange coverage for non-qualifying operations under other programs we administer. Please call our office for assistance.

NOTE: Effective January 1, 2021 the policy now includes a Communicable Disease Exclusion.

For lower cost "Certified" insurance rate you must be both "certified" and "current" Coverage is not effective until both the completed, signed & dated Application 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:	 Higher limits are 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 Commercial Equine Liability for high risk activities. Horse & Livestock Trailers (Physical Damage) Weekly Accident Indemnity
Coverage Enhancements:	 Coverage automatically includes Professional Liability (Claims Made) with a \$100,000 limit per claim / \$100,000 annual aggregate. Coaches as incorporated entities with a maximum of 2 employed Coaches is available as an option. Please contact our office if you are other than a sole proprietor. Coverage is included if you have a Booth/Kiosk at Trade Shows, Fairs, Exhibitions for the promotion of your business.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

WESTERN PROVINCES & TERRITORIES:

100 – 1500 HARDY STREET, KELOWNA, BC V1Y 8H2
Phone Toll Free 1-800-670-1877 Fax 1-888-822-6115
Website: www.capricmw.ca/horse Email: agri@capricmw.ca

PROVINCES ONTARIO EASTWARD:

15221 YONGE STREET, AURORA, ON L4G 1L8 Phone Toll Free: 1-888-394-3330 Fax: 1-888-822-6115 Website: www.capricmw.ca/horse Email: forms@equicare.ca



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Name of Applicant (must	t be an individual):			
Operating as a:	·	imited Company		
If other than a Sole Pro	prietor, contact our office			
Address:		City:	Prov:	
Postal Code:	Home #:	Cell #:		
Email:		Web Site:		
** IMPORTANT – Prov	vincial Equine Association Members	hip (PTSO) is required in order for i	nsurance to be valid **	
I am Current and a Mer	mber: Yes No MEMBE	RSHIP#:		
Are you a current EC Licensed Coach?	☐ Yes ☐ No			
Disciplines you coach/ins	struct:			
Gross Annual Coaching	/ Instructing / Training Revenue: \$			
Date of birth (mm/dd/yyy	yy):	Number of years riding experience:		
Are all of your students a	a Member of their Provincial Equine Ass	sociation? (PTSO) Yes No		
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). NOTE: Unable to add Additional Insured's with USA mailing address				
Legal Name:		Reason:		
Mailing Address:				
Legal Name:		Reason:		
Mailing Address:				
Do you use a Waiver?	☐ Yes ☐ No			
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.				
Do you have any operations or activities in the USA? Yes No If yes, describe (use separate page if needed):				
Claims: Provide details of all insurance claims during the past 5 years (under this program only) None OR				
DATE OF LOSS	DESCRIF	PTION	AMOUNT PAID	
			\$	
			\$	
PREMIUM PAYMENT NOTE - Payment is required in order to make coverage effective Cheque must be payable to CapriCMW Insurance Services Ltd If you want to pay by Credit Card please contact our office.				



2021 EQUINE PROFESSIONAL APPLICATION for COACHES / INSTRUCTORS / TRAINERS

(PAGE 2 OF 2)

PREMIUM CALCULATION					
			Base Premium	\$	350
I am Current "and" Certified by one of the following: NCCP BHS CANTRA CHA CVA					
☐ Canadian Pony Club (Level B2 or higher only) ☐ Other-specify:					
□ NONE OF THE ABOVE If 'none' add \$650				\$	
Level of Accreditation:	How long	have you been cer	rtified?years		
Do you (check all that apply):					
Transport Non-Owned Horses? ☐ Yes ☐ No Rev	enue \$]	
	enue \$		T	-	
	imum value per Non		\$		
\$50,000 maximum per non-owned animal & \$250,000 m			aggregate	lr	ncluded
• Increase to \$\int \\$50,000 per animal & \$500,000 per			Add \$150	\$	
• Increase to	<u> </u>		Add \$250	\$	
• Increase to ☐ \$250,000 per animal & \$1,000,000	/ occurrence & aggr	egate	Add \$350	\$	
Do you Board Non-Owned Horses? ☐ Yes ☐ No	If 'yes" please sele	ct one of the follo	owing:		
1. Boarding up to 10 horses belonging to others Add \$275				\$	
2. Boarding of 11 to 15 horses belonging to others			Add \$425	\$	
3. Boarding of 16 or more horses belonging to others (\$15 per horse)			x \$15 + \$425	\$	
Do you have current First Aid/CPR?		☐ Yes ☐ No	If "no" add \$150	\$	
Do you Officiate (Judge/Steward)?			If 'yes' add \$100	\$	
Do you provide Equine First Aid Instruction? ☐ Yes ☐ No			If 'yes' add \$250	\$	
Do you rent your property to third parties for equine shows or competitions or to other equine coaches? Any other rental activities are not insured. Revenue: \$ (maximum revenue is \$25,000) *NOTE: Third party renting your property must carry \$5,000,000 Limit*			If 'yes' add \$100	\$	
If other than a sole proprietor, we can include a maximum of 2 employees under your policy. If the Applicant is EC Licensed, Coach employee(s) are NOT insured by this policy. Coach Supplement is required. Please contact our office.				\$	
Do you have overnight Camps? ☐ Yes ☐ No • If 'yes' please contact our office for a Camp Application			If 'yes' add \$200	\$	
Do you 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 \$150/day): x \$150/day			\$		
List the date(s) of all Shows/Competitions:					
				\$	
Increased Tack limit (maximum increase to \$15,000) \$		@ \$4.10/\$100	\$		
Do you have any other Equine activities not shown above? ☐ Yes ☐ No					
If 'yes', describe: Annual Revenue: \$			-		
NOTE: If policy is cancelled, the Minimum Retained TOTAL PREMIUM			TOTAL PREMIUM	\$	
Premium is \$300 or 50% of the total premium,		ADD P	ST IF APPLICABLE	\$	
whichever is greater.			= 0% / NL = 15% / NS		
** POLICY EXPIRES JANUARY 1, 2022 ** = 0%/ NT = 0%/ ON = 8%/ PE = 0%/ SK = 6%/ YT = 0%) TOTAL INCLUDING PST				\$	
			AL INCLUDING FOI	Ψ	
Applicant Signature:		Date Signed:			



COACHES / INSTRUCTORS / TRAINERS Frequently Asked Questions

- Q1. Why do I need insurance if I use a waiver?
- A1. Waivers (more commonly now referred to as Release and Acknowledgments) are a good idea and if they are legally sound they can go a long way to reduce your loss in the event of a law suit. Use of a release form is strongly encouraged as a Risk Management measure. They contribute to the lower cost of insurance by avoiding and reducing losses. Visit the equine section of our website to access risk management information on this and other related topics at www.capricmw.ca/equine.
- Q2. Can I insure my assistant coaches under this policy?
- A2. Yes. Student coaches, assistant coaches or people involved in a coach mentoring program are all treated the same way by your policy. These people are automatically covered under your policy but are subject to certain requirements. They must be 16 years of age or older with a minimum of 3 years riding experience and must be operating under your direction. If they act outside your direction during a coaching session, there is no coverage.
- Q3. Do I have to purchase extra coverage if I lease a facility year round for my coaching/instructing/training activities?
- A3. No. The coaches policy covers you during your coaching activities and if you own or lease premises year round.
- Q4. I do not own any school horses but sometimes I arrange for horses to be available to my students that are owned by someone else. The horses may or may not be insured by their owner. Am I covered for this?
- A4. Yes. Under the law, your responsibility is the same when you make arrangements for a school horse and when you actually provide the school horse.
- Q5. Why should my clients/students obtain membership in their Provincial Equine Association?
- A5. We strongly recommend that all equine industry participants maintain membership in their Provincial Equine Association to take advantage of the many membership benefits, including insurance.

 Several reasons why your clients/students should consider insurance include:
 - Accident Insurance is readily available and will protect your clients/students in the unlikely event that they suffer an injury
 while participating in your lesson program. Parents will be keenly interested in protecting their children but this is a good
 idea for everyone.
 - Some of your clients/students will either own/lease or borrow a horse from you or someone else. Therefore, Liability insurance for them will potentially become very important. The sooner they become aware of their risk exposures the better.
 - This coverage, and much more, are available to your clients/students by joining their Provincial Equine Association.
- Q6. Are barn staff hired under Contract covered by my coaching insurance policy?
- A6. No. If barn staff are independent contractors (not registered with Canada Revenue Agency as employees of your business), they are not covered by your policy. We are pleased to offer these independent equine professionals a separate policy designed specifically for grooms. Please contact our office.
- Q7. Are commercial equine operations insured under this policy?
- A7. The intent of this policy is to, first, insure your coaching and instruction activities. The following may be accommodated under the Policy:
 - Boarding of an equine
 - Equine Shows or Competitions
 - Clinics
 - School Horses (owned, leased or owned)
 - Training of Horses
- Q8 I have heard that equine coaches across Canada from all disciplines are being offered the opportunity to obtain a License. What is this and why should I consider it?
- A8. Your Provincial / Territorial Equine Organization (PTSO) in collaboration with the National Sports Organization (NSO) are moving forward with the implementation of Federal Government guidelines to protect athletes in all sports, including equine from harassment and abuse. The License carries with it several benefits, not the least of which is an insurance component provided by CapriCMW. We strongly urge you to visit your PTSO website for more information. "It's Time" has been created as the catch phrase for licensing all coaches in Canada and we are in full support of this important work.
- Q9 Does my 2021 policy cover me for liability claims arising from COVID-19 or other communicable disease?
- A9. No. Effective January 1, 2021 Underwriters at Lloyd's of London have embedded a specific exclusion in the wording related to this. The Exclusion and response to the pandemic is consistent with what we are seeing from Insurers around the world

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Po	erson Must Read and Understand this Waiver Be	fore Participatin	g in Equine Activitie	es
	ving waiver of all claims, release from all liability, assumnt are entered into by me (the Participant) with and for the			
generality	es, volunteers, business operators, agents and site proper of the foregoing, "Equine Activities" includes but is not li ost" or riding instruction, coaching and training provided by	mited to, competition	s (collectively the "Host' ons, tournaments organ	
Initial Ea	ach Item below after Reading and Understanding	geach item:		
1.	 and injuries resulting from these "Risks" are a common mean those dangerous conditions which are an integral (a) the propensity of any equine to behave in ways that and to potentially collide with, bite or kick other anim (b) the unpredictability of an equine's reaction to su unfamiliar objects, persons or other animals and hat (c) the potential for other participants to behave in a rothers, including failing to act within their abilities to (d) the potential of natural or man-made hazards be disease. 	n occurrence. I am part of "Equine Acti may result in injury, nals, people or objeuch things as sound a such as such as such a such a maintain control overing present that care	aware that the "Risks" ivities", including but no harm or death to persocts; ds, sudden movement urface objects; lat may contribute to inver an equine.	of "Equine Activities" t limited to: ns on or around them , tremors, vibrations, jury to themselves or luding communicable
2.	I freely accept and fully assume all responsibility for all disease, medical payments, death, property damage or			
3.	3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".			
4.	In addition to consideration given to the "Host" for my executors, administrators and assigns (collectively my " (a) to waive all claims that I have or may have in the fu (b) to release and forever discharge the "Host" from al resulting from my participation in the equine activity to use such care as a reasonably prudent and caref duty imposed by law, breach of contract or mistake (c) to be liable for and to hold hamless and indemnify demands, including court costs and costs on a soli kind arising out of or in any way connected with my	Legal Representative ture against the "How I liability for any person would use or error in judgmenthe "Host" from all action and own client	es") agree: ost"; sonal injury, death, properciating but not limited a under similar circumstatof the "Host"; and actions, proceedings, clabasis, and liabilities of	perty damage, or loss to negligence (failure ances), breach of any aims, damages, costs
5.	5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".			
6.	I confirm that I have had sufficient time to read and unde represents the entire agreement between myself a Representatives".	rstand this waiver in nd the "Host", and	its entirety. I understar d it is binding on my	nd that this agreement /self and my "Legal
7.	I confirm that I have reached the age of majority in the p	province in which I a	m participating in "Equi	ne Activities".
Please F	Print Clearly			
Participar	nt Name			
Address_			Province	
	(Signature of Participant)	Signed this	day of	, 20
(Print Nar	me of "Host" Witness to Signing and Initialing)			
	(Signature of "Host" Witness)	Signed this	day of	, 20

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants <u>Under the Age of Majority</u> in the Province or Territory in which the Equine Activities are Provided by the Host <u>WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS.</u> READ IT CAREFULLY!

	ring waiver of all claims, release from all liability at are entered into by me on behalf of the Infant Pa			nd other terms of thi	
includes b	agents, and site property owners or lessees (the but is not limited to riding instruction, coaching and ach Item below after Reading and Underst	"Host"). Without limiting that I training provided by the		ing, "Equine Activities	
1.	I am the Parent/Guardian of the Infant Participa capacity as Parent/Guardian and with the intenlegal purposes.				
2.	I am aware that there are inherent dangers, har resulting from these "Risks" are a common occ dangerous conditions which are an integral part (a) the propensity of any equine to behave in them and to potentially collide with, bite or k (b) the unpredictability of an equine's reaction unfamiliar objects, persons or other animals (c) the potential for other participants to behave others, including failing to act within their absence of the potential of natural or man-made hazards.	currence. I am aware that of "Equine Activities", indivays that may result in kick other animals, people on to such things as so and hazards such as suve in a negligent manner bilities to maintain control	t the "Risks" of "Equine A cluding but not limited to: njury, harm or death to e or objects; unds, sudden movement bsurface objects; and that may contribute to in over an equine.	Activities" mean those persons on or around t, tremors, vibrations njury to themselves of	
3.	I freely accept and fully assume all responsibility disease, medical payments, death, property dan Activities".				
4.	it is not possible for the "Host" to make the "Eq terms of this waiver on behalf of the Infant Partic	uine Activities" completed cipant, even if the "Host"	reduce the "Risks" and increase the safety of the "Equine Activities to Activities" completely safe. I accept these "Risks" and agree to the even if the "Host" is found to be negligent or in breach of any duticipant in the Infant's participation in "Equine Activities".		
5.	In addition to consideration given to the "Host" heirs, next of kin, executors, administrators and executors, administrators and assigns (collective (a) to waive all claims that the Infant Participant (b) to release and forever discharge the "Host" I, the Infant Participant, or our "Legal Repre in "Equine Activities" due to any cause, i reasonably prudent and careful person wou breach of contract or mistake or error in jud (c) to be liable for and to hold harmless and including court costs and costs of kind arising out of or in any way connected	I assigns, as well as the ely our "Legal Representat has or may have in the from all liability for personal sentatives" might suffer a ncluding but not limited ald use under similar circulgment of the "Host"; and demnify the "Host" from a solicitor and own clies	Infant Participant and his atives") agree: future against the "Host"; anal injury, death, properts a result of the Infant Pait to negligence (failure to mstances), breach of any Il actions, proceedings, clent basis, and liabilities of	/her heirs, next of king / damage, or loss that ticipant's participation of use such care as if duty imposed by law aims, damages, cost whatsoever nature o	
6.	I agree that this waiver and all terms contained Province or Territory of Canada in which the "Ed the exclusive jurisdiction of the courts of that Pro jurisdiction over the terms and claims referred Province or Territory of Canada in which the "Ed	quine Activities" are provide ovince or Territory of Cana to herein. Any litigation	led by the "Host". I hereby ada and I agree that no ot to enforce this waiver w	y irrevocably submit ther court can exercise	
7. Please Pr	I confirm that I have had sufficient time to read a represents the entire agreement between the binding on myself, the Infant Participant and our int Clearly	"Host", myself as Parent	/Guardian, and the Infan		
Infant Part	ticipant's Name		Date of Birt	n	
	-				
	ıardian's Name	•		-	
		Signed this	day of	, 20	