



2022 EQUINE COMPETITION / CLINIC APPLICATION

1. Applicant Name: _____
2. Applicant Address: _____
City: _____ Province: _____ Postal Code: _____
Contact Person: _____ Phone # _____
Email: _____
3. Location of Event: _____ Date(s) of Event: _____
4. How many years has the event been operating: _____ a) At this site: _____ b) At other locations: _____
5. What type of classes are offered at the event: _____
6. How many people will be attending? (estimated audience/auditors) _____
7. How many horses will be participating? _____
8. Total value of prize money (if applicable) \$ _____
9. Do you provide stabling ☐ Yes ☐ No If 'yes', # of day stalls: _____ # of overnight stalls: _____
Who owns the stabling (if applicable): _____
10. How many Volunteers will be assisting at this event (not including Officials): _____
11. How many Officials are there (include Judges, Timers, Stewards and Employees): _____
12. Do you provide food and/or beverage ☐ Yes ☐ No If 'yes', describe: _____
13. Do you provide alcohol: ☐ Yes ☐ No **OR** Is it provided by someone other than you ☐ Yes ☐ No
If 'yes', who is responsible for the liquor permit: _____
14. Are there any other activities going on at the same site on the same day(s) ☐ Yes ☐ No
If 'yes', describe: _____
15. If this is a Competition, what governing authority is sanctioning the Show (i.e. E.C., P.S.O. etc.): _____
16. What Provincial Equine Association are you a 'member in good standing' of: _____

MINIMUM RETAINED PREMIUM \$300 (plus PST) PER SHOW OR COMPETITION

PST: AB = 0% / BC = 0% / MB = 7% / NB = 0% / NL = 15% / NS = 0% / NT = 0% / ON = 8% / PE = 0% / SK = 6% / YT = 0%

Applicant Signature: _____ Date Signed: _____

Optional Coverage:

Care, Custody and Control for Non-Owned Animals is automatically included for a limit of \$50,000. any one animal; \$250,000. limit any one occurrence; \$250,000. aggregate.

OPTIONS: (check applicable box if increased limit required)

- ☐ Increase to \$50,000. Limit of **\$500,000** per occurrence/aggregate for an additional premium of \$150
- ☐ Increase to \$100,000. Limit of **\$1,000,000** per occurrence/aggregate for an additional premium of \$250
- ☐ Increase to \$250,000. Limit of **\$1,000,000** per occurrence/aggregate for an additional premium of \$350

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.

**** Do you want your policy ☐ emailed OR ☐ mailed? ****

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.

1. The Accident Report Forms supplied by the Insurer will be completed and submitted to the Insurer in the event of any known incident involving bodily injury or property damage.
2. The facility must be maintained in good repair for the purpose the property is intended, including fencing and stabling areas.
3. Signs must be posted cautioning the public that horses are present.
4. The entire premises (barns, rings, means of access for horses, riders, cars, trucks, trailers, other participants and the general public) 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.
5. Hazardous materials and any equipment presenting a danger will be stored out of the reach of spectators, participants and animals.
6. Access to competition areas will be strictly limited to officials, competitors and emergency personnel.
7. Spectators will be restricted to certain controlled areas for parking, seating and viewing.
8. Horses will be separated from spectators while on the premises.
9. Dogs will not be allowed on site unless they are kept under control and on a leash.
10. Designated "warm-up" areas will be provided with no lounging allowed while others are riding.
11. Rules of conduct for the exercise and warm-up areas should be posted and enforced.
12. Only qualified officials, judges, course designers, and/or stewards will be used.
13. 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.
14. Medical personnel with First Aid and CPR or trained Paramedics will be on site for the duration of the shows/competitions.
15. Congestion on the premises will be controlled to provide access for emergency vehicles.
16. Water will be available for both horses and riders.
17. 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.
18. A strict code of ethics and rules for the show/competition will be provided to all participants in advance of the shows/competitions.
19. Everyone involved in the preparation and running of the shows/competitions will be fully informed of these requirements and will agree to their enforcement.
20. I understand that this insurance does not cover any claims arising directly or indirectly from any communicable disease.

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: _____

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