



**Minimum Operational Requirements
For
Equine Assisted Growth, Learning and/or Therapy**

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.

- The Release and Acknowledgment Forms supplied by the Insurer will be signed by every person participating in Equine Assisted Growth, Learning and/or Therapy.
- 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.
- Some type of camera and film will be available to photograph any accident scene, injured person and/or spectators to assist in the process of loss adjustment.
- The facility must be maintained in good repair for the purpose of the activity intended.
- No Equine Assisted Growth, Learning and/or Therapy will involve anyone under eight years of age.
- All facilitators of Equine Assisted Growth, Learning and/or Therapy shall be at least nineteen years of age with a minimum of 5 years riding experience or be certified by:
 - North American Riding for the Handicapped Association Inc. (NARHA) and/or
 - Canadian Therapeutic Riding Association (CANTRA) and/or
 - Equine Assisted Growth and Learning Association (EAGALA) and/or
 - Cartier Equine Learning Center
- As a minimum, all facilitators of Equine Assisted Growth, Learning and/or Therapy (or their assistant if one is in use) will have a valid current first aid certificate and CPR training.
- All sessions will be restricted to a maximum ratio of six participants to one facilitator where no physical barrier (such as an appropriate fence) is used to prevent contact between any horse and any of the participants in the session. Where a physical barrier (such as an appropriate fence) is used to prevent contact between any horse and any of the participants in a session, the ratio may be increased to fourteen participants to one facilitator provided no more than six of the participants are permitted on the "horse side" of the barrier at any one time.
- Physical contact with any horse by participants will be limited to one participant at any one time whether the participant is on the ground or mounted regardless of the use of any physical barrier (such as a fence) until such time as the participants have received adequate instruction to enable them to ride in a competent manner.
- Equine Assistants must be used for any session where more than four participants are involved.
- Equine Assistants must be at least sixteen years of age with a minimum of three years riding experience or must be certified for work with participants by:
 - North American Riding for the Handicapped Association Inc. (NARHA) and/or
 - Canadian Therapeutic Riding Association (CANTRA) and/or
 - Equine Assisted Growth and Learning Association (EAGALA) and/or
 - Cartier Equine Learning Center
- No participant will be permitted to be within twenty feet of any stallion or any horse under five years of age and in addition, where stallions or horses under five years of age are used, a physical barrier will be maintained between them and all participants.
- No horses with a condition or disposition known to be hazardous will be used in any session.
- All tack used shall be properly adjusted for the horse and for the rider.
- All riders will be required to wear a helmet designed for equine activities which is equipped with a safety chin strap and hard soled footwear with a heel sufficient in height to restrict the foot from passing through the stirrup.
- All employees or independent contractors involved in sessions for Equine Assisted Growth, Learning and/or Therapy will be fully informed of these requirements and will agree to enforce them.

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. I also understand that the "Bodily Injury" and Property Damage" insurance provided by this insurance policy does not extend to provide any type of professional liability insurance.

Signature of Principal _____ Date Signed _____

JC OVERVIEW - COMMERCIAL EQUINE LIABILITY PROGRAM

Operations: The following types of business may apply for coverage under this Program:

Boarding	Breeding and PMU
Clinics	Farriers
Instruction	Rides (Pony, Teamster, Trail & Pack Trips)
Shows & Competitions	Leasing (Oral or Written Agreements)
Therapy (Equine Assisted)	Training

In addition, the following can be written provided they are incidental to one or more of the above categories insured under the same policy:

Incidental - Camping or Feed Sales or Tack Sales or Transportation of Horses

Who is Insured: The Named Insured, and if a Corporation all principals of the Corporation. All employees while operating within the scope of their duties, and volunteers, student coaches or assistant guides while operating in the Named Insured's operations.

Liability: Limits are available from \$1,000,000. up to \$5,000,000.

Coverage: Comprehensive Business Liability
\$1,000 Bodily Injury and/or Property Damage Excess (deductible)
Coverage Includes the following extensions:

- Personal Injury
- Cross Liability
- Broad Form P.D.
- Non-Owned Auto
- Contingent Employers
- Medical Payments
- Injury to Participants covered except for "Rough Stock Rodeo Events"
- Up to \$1,000,000. All Risk Tenants Legal Liability where applicable
- Up to \$1,000,000. Stablemen's Legal Liability where applicable
- Employees as Additional
- Occurrence P.D.
- Broad Form Completed Operations.
- Attached Machinery
- Blanket Contractual
- Incidental First Aid

Special Notes:

- 1) "Rough Stock Rodeo Events" are those activities involving riding unbroken animals and/or those events requiring the participant to physically wrestle and subdue unbroken animals (Barrel Racing, Team Roping and Team Penning are not considered Rodeo Events).
- 2) Stablemen's Legal Liability cannot be sold to Farriers or Trainers.

Eligibility:

- 1) General to All Operations:
 - Minimum 3 years in operation or Minimum 5 years riding experience (except Farriers who must have certification from a recognized school).
 - No losses during the past three years.
- 2) For Specific Operations:
 - Operations involving Boarding, Rides (Pony, Teamster, Trail, & Pack Trips), Transportation, Instruction, Leasing or Therapy must meet the requirements set out in signed "Operational Requirements" Forms.

COMMERCIAL EQUINE LIABILITY APPLICATION FOR INSURANCE PURPOSES

(December/06)

Capri Insurance Services Ltd. Toll Free 1-800-670-1877 Facsimile (250) 860-1213

Name of Applicant: _____
 Doing Business As: _____
 You are a Corporate Member of which Equine Association: HCBC AEF SHF OEF or NONE .
 Mailing Address: _____ City: _____
 Province: _____ Postal Code: _____ Email: _____
 Residence Phone: (_____) _____ Business Phone: (_____) _____ Fax: (_____) _____
 Business Location (as above, Or): _____
 Names of any Legal Entities to be added to your policy as an "Additional Insured" with respect to your activities:

Date Insurance Required: Day _____ Month _____ Year _____ Amount of Insurance: \$1 mill \$2 mill \$5 mill

Show the Annual Revenues below for all Activities that apply to your operation:

Boarding	\$ _____	Breeding	\$ _____	Feed Sales	\$ _____
Pony Rides	\$ _____	Trail Ride/Pack Trip	\$ _____	Instruction	\$ _____
Teamster Rides	\$ _____	Training Horses	\$ _____	Farrier	\$ _____
Transportation	\$ _____	Leasing Horses	\$ _____	(other than Trail Ride or Pack Trip)	\$ _____

Other - Describe: _____ \$ _____

Any Activities in the USA or goods sold into the USA? _____ (Y/N) If "Y", Specify if any Income \$ _____
 Full Details of USA activities or sales: _____

of Years Experience in this Business: _____ # of Claims in past 5 years: _____ Insurance Ever Cancelled: _____ (Y/N)
 Do you occupy buildings you do not own _____ (Y/N) If "Y" what is their replacement value \$ _____
 # of horses you Own _____ Do you have Indoor Ring _____ (Y/N) Do you have Outdoor Ring _____ (Y/N)
 Any Overnight Camps _____ (Y/N) (Note: If Overnight Camps, a separate Camp Questionnaire must be attached)
 # of Dogs on the Premises _____ (Note: If any Dogs, they "Must" be kept separate from Horse Riding/Lesson Areas)
 Do you offer Riding Instruction to others _____ (Y/N) If "Y", How many School Horses do you own or use _____
 Do you offer Trail Rides, Pack Trips or Teamster Rides _____ (Y/N) Do you offer Pony Rides _____ (Y/N)
 Do you Lease horses out for Periods exceeding 30 days _____ (Y/N) or Periods of Less than 30 days _____ (Y/N)
 Do you organize: Shows _____ (Y/N) Clinics _____ (Y/N) Rough stock type events or activities _____ (Y/N)
 Do you Train/Breed/Transport horses of others?: Train _____ (Y/N) Breed _____ (Y/N) Transport _____ (Y/N)
 If you Breed or Board or Transport or Care for horses of other people, the Maximum # at any one time is _____
 If you Breed or Board or Transport or Care for horses of other people, Maximum Value of any one is \$ _____
 Do you offer Farrier services _____ (Y/N) If "Y", are you a certified Farrier _____ (Y/N)

INSURED'S STATEMENTS

- I read and understand the Insurer's Operational Requirements Forms for the equine activities that I conduct.
- I understand failure to comply with the Insurer's Operational Requirements may render insurance Null and Void.
- I state that where required, all Participants will sign the Insurer's Release and Acknowledgment Form.
- I understand that failure to use this Release and Acknowledgment Form renders my insurance Null and Void.
- I understand the Insurer's Release and Acknowledgment Form is a requirement for insurance purpose only and that the Insurer and/or the Insurer's Authorized Representatives implied no legal validity for this Form.
- I state I was advised to seek legal council's advice regarding additional Release and Acknowledgment Forms.
- I understand the insurance applied for is based on the information I have provided on this Application Form.
- I understand misrepresentation by me of the information provided will render this insurance Null and Void.
- I state the information I have provided on this Application is accurate to the best of my knowledge and belief.

Signature of Applicant: _____ Date Signed: _____