



2026 EQUINE COMPETITION / CLINIC APPLICATION

Name of Applicant: _____

(Please Print Clearly)

Running Show / Clinic As: _____

Business Operation: ☐ Sole Proprietor ☐ Joint Venture ☐ Limited Company ☐ Incorporated Company

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Primary Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Website/Social Media Link: _____

Location of Event: _____ Date(s) of Event: _____

Are you a member of your provincial equine association (HCBC, AEF, SHF, MHC, OE, NBEA, IHC, ENS, NLEA, EAY) ☐ Yes ☐ No *If Limited or Incorporated Principal or Chair Membership Number.

****IMPORTANT – Provincial Equine Association Membership (PTSO) is required in order for insurance to be valid****

If Yes, What Provincial Equine Association are you a member of? _____ What is your current Membership #? _____

How many years has the event been operating: _____ a) At this site: _____ b) At other locations: _____

What type of classes are offered at the event? _____

How many people will be attending? (estimate audience/auditors) _____

Total value of prize money (if applicable) \$ _____

How many horses will be participating? _____ Do you provide stabling ☐ Yes ☐ No.

If "yes", # of day stalls: _____ # of overnight stalls: _____ Who owns the stabling (if applicable): _____

How many Volunteers will be assisting at this event (not including Officials): _____

How many Officials are there (include Judge(s), Timers, Steward(s) and Employees): _____

Do you provide food and/or beverage ☐ Yes ☐ No. If "yes", describe: _____

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: _____

Are there any other activities going on at the same site on the same day(s) ☐ Yes ☐ No.

If "yes", describe: _____

If this is a Competition, what governing authority is sanctioning the show (i.e. EC, PSO, etc.) _____

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).

PLEASE NOTE Unable to add Additional Insureds with USA mailing address

Legal Name: _____ Reason: _____

Mailing Address: _____

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Limit of Coverage required for NON-OWNED horses in your Care, Custody and Control (CC&C):

\$50,000 Maximum per horse/\$250,000 Maximum per Occurrence	Included	
\$50,000 Maximum per horse/\$500,000 Maximum per Occurrence	☐ Yes ☐ No	Additional \$150
\$100,000 Maximum per horse/\$500,000 Maximum per Occurrence	☐ Yes ☐ No	Additional \$250
\$250,000 Maximum per horse/\$1,000,000 Maximum per Occurrence	☐ Yes ☐ No	Additional \$350

****MINIMUM RETAINED PREMIUM \$350 (plus PST) PER COMPETITION / CLINIC****

Coverage is not effective until both the completed, signed & dated Application and the payment are received.

Signature of Applicant _____

Date Signed _____

Western Provinces and Territories:

Acera Insurance Services Ltd.
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2

TF 1 800 670 1877 F 1 888 822 6115
E agri@acera.ca W acera.ca/equine

Ontario and Provinces Eastward:

Acera Insurance Services Ltd.
241 Main Street South, Newmarket, ON L3Y 3Z4

TF 1 888 394 3330 F 1 888 822 6115
E forms@equicare.ca W acera.ca/equine



Minimum Operational Requirements for Equestrian Shows/Competitions

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: _____

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