



COACH APPLICATION

Please Print Clearly

Company (or Individual's) Name: _____

Street Address: _____ City: _____

Province: _____ Postal: _____ Phone # () _____ Fax # () _____

Email Address: _____

Date of Birth: _____ Number of Years Riding Experience: _____

I am a(n): Certified Coach/Riding Instructor Uncertified Coach/Riding Instructor

***Uncertified Coaches/Riding Instructors require a minimum of 6 years documented experience.
Certified Coaches/Riding Instructors please attach a copy of documentation.**

1. I Organize Shows/Competitions that include participants who are not my students Yes No
If Yes, indicate how many days of the year are involved _____
2. Do you: Own and/or Rent premises for the purpose of conducting Equine Activities?
Do you provide horses used for lessons? Yes No
If yes, number of horses provided: _____
Who owns the horses? You Stable Owner Other _____
Are you an: Independent Coach Employee of a firm
If an employee, name the firm: _____
3. Do you board horses belonging to others on a Full-time or Part-time basis?
If so, how many full-time _____ part-time _____
How long in duration: Year Round Other (state number of days) _____
4. Riding instruction is given by (check all that apply): You Your Employee Independent Coach
5. A) Number of lessons per week on student owned horses?
Charge per lesson: \$ _____ # of weeks per year: _____
B) Number of lessons per week on school horses?
Charge per lesson: \$ _____ # of weeks per year: _____
6. Receipts:
A) Riding Instruction given to students on their own horses by you or an employee: \$ _____ annually
B) Independent Coaches giving instruction to students on their own horse: \$ _____ annually
7. Does anyone under the age of 18 give riding instruction or conduct clinics for you? Yes No
8. Do you provide riding instruction for handicapped students? Yes No
9. Level of instruction given:
Beginner: Number of students-Underage 18: _____ Overage 18: _____ Ratio of students to Coach: _____
Intermediate: Number of students-Underage 18: _____ Overage 18: _____ Ratio of students to Coach: _____
Advanced: Number of students-Underage 18: _____ Overage 18: _____ Ratio of students to Coach: _____

10. A) Are stallions used during instruction? Yes No

B) If yes, is student: Beginner Intermediate Advanced

11. If instruction is provided by independent Coaches working for you, please indicate:

A) How many Coaches: _____

B) How many students: _____

C) Do you obtain certificates of insurance from each Coach? (If yes, provide copy.)* Yes No

12. If instruction is provided by employees, please indicate:

A) How many employees: _____

B) How many students: _____

***The policy must carry the same liability limits as your policy. The insurer must be licensed to provide liability insurance in your province with an "A" rating. Independent Coaches or employees operating under your name can be added as additional insured with appropriate charge, but coverage is limited to your operations only.**

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form is part of the insurance policy provided through Echelon General Insurance Company (EGIC). **I acknowledge that if at the time of claim it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be null and void.**

Your Privacy is Protected: The insurance coverage you are applying for is underwritten by EGIC and provided to you by Canadian Farm Insurance Corporation (CFIC). EGIC and CFIC will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. Your information may be disclosed to others in the investigative and insurance fields as necessary to underwrite and administer the insurance and pay benefits. Full details regarding how your privacy is protected can be obtained by asking CFIC for a copy of EGIC's Privacy Policy.

Applicant's Signature: _____ **Date Signed:** _____