



7. COVERAGE					
PLAN A: THE REGULAR HEP - INCLUDES \$1,000,000 PERSONAL LIABILITY (COVERAGES D,E,F,G); 3% OF THE INSURED LIMIT					
PLAN B: THE NO EXTRAS HEP - NO PERSONAL LIABILITY; 2.5% OF THE INSURED LIMIT					
COVERAGE PLAN – SELECT ONE		LIMIT	RATE	PREMIUM	
1.	<input type="checkbox"/> PLAN A REGULAR HEP - FULL MORTALITY (MINIMUM PREMIUM \$100)	\$	X 3.0%	\$	
	<input type="checkbox"/> PLAN A REGULAR HEP - SPECIFIED PERILS (MINIMUM PREMIUM \$60)	\$	X 1.0%	\$	
	<input type="checkbox"/> INCREASED PERSONAL LIABILITY	\$ 2,000,000	\$25	\$	
	<input type="checkbox"/> EXTEND PERSONAL LIABILITY TO LESSEE	\$	\$25	\$	
	<input type="checkbox"/> PLAN B NO EXTRAS HEP – FULL MORTALITY (MINIMUM PREMIUM \$100)	\$	X 2.5%	\$	
<b>MEDICAL PLUS SURGICAL OR SURGICAL - AVAILABLE WITH FULL MORTALITY COVERAGE ONLY – SELECT ONE</b>					
<input type="checkbox"/> NONE					
2.	<input type="checkbox"/> MEDICAL PLUS SURGICAL	AVAILABLE FOR ALL VALUES	<input type="checkbox"/> \$ 2,500	\$125	\$
		AVAILABLE FOR ALL VALUES	<input type="checkbox"/> \$ 5,000	\$200	\$
		MORTALITY LIMIT REQUIRED \$ 5,000 OR HIGHER	<input type="checkbox"/> \$ 10,000	\$350	\$
		MORTALITY LIMIT REQUIRED \$ 15,000 OR HIGHER	<input type="checkbox"/> \$ 15,000	\$500	\$
		MORTALITY LIMIT REQUIRED \$ 20,000 OR HIGHER	<input type="checkbox"/> \$ 20,000	\$700	\$
	<input type="checkbox"/> SURGICAL	AVAILABLE FOR ALL VALUES	<input type="checkbox"/> \$ 2,500	\$100	\$
		AVAILABLE FOR ALL VALUES	<input type="checkbox"/> \$ 5,000	\$125	\$
		MORTALITY LIMIT REQUIRED \$ 5,000 OR HIGHER	<input type="checkbox"/> \$ 10,000	\$200	\$
	<b>ENDORSEMENTS</b>				
	<input type="checkbox"/> NONE				
3.	<input type="checkbox"/> DISABILITY	AVAILABLE WITH FULL MORTALITY COVERAGE ONLY			
		<input type="checkbox"/> SHOW ENGLISH / WESTERN PLEASURE <input type="checkbox"/> DRESSAGE <input type="checkbox"/> VAULTING <input type="checkbox"/> SHOW HUNTER / JUMPER / EQUITATION <input type="checkbox"/> LINE / HALTER	\$	X 1.8%	\$
	<input type="checkbox"/> AGREED VALUE & GUARANTEED RENEWAL (MINIMUM PREMIUM \$10)	\$	X 0.1%	\$	
	<input type="checkbox"/> WORLD WIDE/AIR TRIP TRANSIT / BERSERK – PER ONE WAY TRIP	\$	X 0.5%	\$	
	<input type="checkbox"/> TACK & EQUIPMENT		\$ 2,000	\$20	\$
		<input type="checkbox"/> INCREASED TACK & EQUIPMENT OVER \$2,000	\$	\$20 PER \$1,000	\$
	<input type="checkbox"/> TRAILER – ALL RISK, ACTUAL CASH VALUE – PHYSICAL DAMAGE ONLY - NO LIABILITY. SUPPLEMENTAL TRAILER FORM AND COPY OF OWNERSHIP REQUIRED.	\$	X 1.0%	\$	
OWNER'S CURRENT EQUINE CANADA MEMBERSHIP #		SUB-TOTAL		\$	
		R.S.T.    %		\$	
		TOTAL		\$	
<b>PAYMENT OPTIONS: SEE ELITE PAYMENT OPTIONS FORM. PAYMENT ARRANGEMENTS MUST BE MADE BEFORE COVERAGE CAN BE BOUND.</b>					

**8 (A). FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

- **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.
- **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.
- **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

The information in this Application forms the basis on which your contract of Equine Insurance will be issued and rated. If any information changes at any time in the future with respect to any statement or representation you have made, it is considered material and must be reported to us immediately. Failure to do so may result in your claim being denied or your policy becoming void from the date of such change.

**8 (B). PERSONAL INFORMATION CONSENT**

**For all provinces and territories:** I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.  
The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

**8 (C). EQUINE DISCLOSURE**

I understand and agree that immediate notice and full details of any accident, injury, illness, disease or medical condition, or death of the animal will be given to the Insurer. I agree that the signing and filing of this application does not bind the Insurer and no insurance shall be deemed effective unless and until this application is received and accepted by the Insurer and any binder of coverage shall then be effective only upon receipt by the Insurer.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

**9. BROKER / AGENT**

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THE RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	
BROKER / AGENT EMAIL ADDRESS	DATE COVERAGE BOUND	