

**HORSE SHOW/EVENT
CERTIFICATE OF INSURANCE**

NAMED INSURED: _____

ADDRESS OF INSURED: _____

CITY: _____ **POSTAL CODE:** _____

INSURANCE COMPANY: _____

EFFECTIVE FROM: _____ **TO EXPIRY:** _____

POLICY NUMBER: _____

GENERAL LIABILITY

Limit of Liability per Horse Show or Event \$ _____ (Minimum \$2,000,000)

Aggregate or Occurrence

Policy includes all of the following Extensions:

Broad Form Property Damage

Bodily Injury including Participants

Limit per Horse Show or event \$ _____ (min \$2,000,000)

Cross Liability

Non-owned Automobile

Tenants Legal Liability - Limit \$1,000,000

(Not applicable if the property is owned by legal entity receiving EC competition sanction)

Additional Insureds with respect to Liability arising out of the operations of the named Insured are EQUESTRIAN CANADA (EC), EC OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, VOLUNTEERS, AND THE PROVINCIAL BODY NAMED _____.

Waiver of subrogation clause against EQUESTRIAN CANADA (EC), EC OFFICIALS, JUDGES, and COURSE DESIGNERS.

THIS IS TO CERTIFY THAT THE POLICY OR CERTIFICATE (INCLUDING ENDORSEMENTS) OF INSURANCE, AS DESCRIBED ABOVE, HAS BEEN ISSUED BY THE INSURER AND/OR UNDERSIGNED TO THE NAMED INSURED ABOVE AND IS IN FULL FORCE AT THIS TIME. IF CANCELLED OR CHANGED IN ANY MANNER, FOR ANY REASON, DURING THE PERIOD OF COVERAGE AS STATED HEREIN SO AS TO AFFECT THIS CERTIFICATE, FIFTEEN (15) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO **Equestrian Canada, 11 Hines Rd, Suite 201, Kanata, ON, CANADA K2K 2X1**

DATED THIS _____ DAY OF _____, _____ AT _____,

CANADA BY AUTHORIZED AGENT: _____
(Signature of Broker, Agent, or authorized representative)

NAME OF BROKER: _____

ADDRESS OF BROKER: _____

CITY: _____ POSTAL CODE: _____