

HORSE SHOW/EVENT CERTIFICATE OF INSURANCE

To be filled out by Insurance Provider with **NO CHANGES**

This form is not to be altered in any way and must be 100% complete

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 Insured's with respect to Liability arising out of the operations of the named Insured are EQUINE CANADA (EC), EC OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, VOLUNTEERS, AND THE PROVINCIAL BODY NAMED **ONTARIO EQUESTRIAN FEDERATION**.
- () Waiver of subrogation clause against EQUINE 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 **EQUINE CANADA, 2685 QUEENSVIEW DRIVE, SUITE 100, OTTAWA, ONTARIO, CANADA K2B 8K2.**

DATED THIS _____ DAY OF _____, _____ AT _____, ONTARIO, CANADA

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

NAME OF BROKER: _____

ADDRESS OF BROKER: _____

_____ POSTAL CODE _____