



Certificate Of Insurance

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
Phone: 403.253.4411 ext. 2 • Toll Free: 1.877.463.6233
Fax: 403.252.5260 • competitions@albertaequestrian.com
albertaequestrian.com

To be filled out by your Insurance Provider. Extensions listed below are required coverage. 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 required 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 \$500,000

Additional Insureds with respect to Liability arising out of the operations of the named Insured are

ALBERTA EQUESTRIAN FEDERATION (AEF), OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, and VOLUNTEERS.

Waiver of subrogation clause against:

ALBERTA EQUESTRIAN FEDERATION (AEF), 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, THIRTY (30) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO THE

ALBERTA EQUESTRIAN FEDERATION 120- 251 Midpark BLVD SE, Calgary, AB T2X 1S3

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

BY AUTHORIZED AGENT: _____

(Signature of Broker, Agent, or authorised representative)

NAME OF BROKER: _____

ADDRESS OF BROKER: _____

POSTAL CODE: _____ COUNTRY: _____