

# CERTIFICATE OF INSURANCE

WILD ROSE COMPETITIONS



## IMPORTANT:

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:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

### General Liability:

Limit of Liability per Horse Show or Event \$ \_\_\_\_\_ (min. \$2,000,000) Aggregate  or Occurrence

Policy includes *all* of the following *required* extensions\*:

- Broad Form Property Damage                       Cross Liability                       Non-owned Automobile
- Bodily Injury including Participants – Limit per Horse Show or event \$ \_\_\_\_\_ (min. \$2,000,000)
- Tenants Legal Liability - Minimum \$500,000 (*\*Not applicable if the named insured owns the property in question*)
- Additional Insured with respect to Liability arising out of the operations of the named Insured are **ALBERTA EQUESTRIAN FEDERATION (AEF), OFFICIALS, JUDGES, and COURSE DESIGNERS**
- 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 BV 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: \_\_\_\_\_