Equestrian Canada Coach Status Program
CERTIFICATE OF INSURANCE

NAMED INSURED COACH: _____

ADDRESS OF INSURED COACH: _____

PROVINCE: **POSTAL CODE:** _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

EFFECTIVE FROM: _____ **TO** _____

YYYY/MM/DD **YYYY/MM/DD**

GENERAL LIABILITY

Limit of Liability per Occurrence: (Minimum of $2,000,000)

Is there a General Aggregate: Yes ☐ No ☐ If 'yes', please advise the limit:

Policy includes all of the following extensions:

(X) Broad Form Property Damage

(X) Bodily Injury - Including Injury to Participants

(X) Cross Liability

(X) Non-Owned Automobile

(X) Tenants Legal Liability (Minimum Limit $500,000)

( ) Professional Liability (OPTIONAL) **($)**

Additional Insureds with respect to Liability arising out of the operations of the Named Insured as follows:
(Named Insured Coach is a member in good standing)

(X) EQUESTRIAN CANADA ("EC") **and** the home Provincial/Territorial Sport Organization **(PTSO)** named here:

(X) Waiver of subrogation in favor of EC **and** the home **PTSO** named here:

THIS IS TO CERTIFY THAT THE POLICY (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, C/O House of Sport, 2451 Riverside Drive, OTTAWA, ON CANADA K1H 7X7.**

DATED THIS DAY OF ,

BY: _____

(Signature of Authorized Broker or Insurance Company Representative)

NAME OF BROKERAGE: _____

ADDRESS: _____

EMAIL/PHONE: _____