

**Equestrian Canada Coach Status Program
CERTIFICATE OF INSURANCE**

NAMED INSURED COACH: _____

ADDRESS OF INSURED COACH: _____

POSTAL CODE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

EFFECTIVE FROM: _____ **TO** _____

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)

(X) Professional Liability \$_____ (Minimum Limit \$100,000)

(X) Additional Insureds with respect to Liability arising out of the operations of the Named Insured as follows:

EQUESTRIAN CANADA ("EC") and the home Provincial/Territorial Sport Organization (PTSO)
named here: _____ (where the Named Insured Coach is a member in good
standing)

(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, 11 HINES ROAD, SUITE 201, OTTAWA, ON CANADA K2K 2X1.**

DATED THIS _____ DAY OF _____,

BY: _____
(Signature of Authorized Broker or Insurance Company Representative)

NAME OF BROKERAGE: _____

ADDRESS: _____

EMAIL/ PHONE: _____