



HORSE COUNCIL BC HORSE SHOW/EVENT CERTIFICATE OF INSURANCE

To be filled out by the insurance provider. Extensions listed below are required coverage.
This form not to be altered in any way and must be fully completed.

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 HCBC competition sanction)

() Additional Insured's with respect to Liability arising out of the operations of the named Insured are HORSE COUNCIL BRITISH COLUMBIA (HCBC), HCBC OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, VOLUNTEERS.

() Waiver of subrogation clause against Horse Council British Columbia (HCBC) HCBC officials, judges, 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 **HORSE COUNCIL BRITISH COLUMBIA 27336 FRASER HWY ALDERGROVE BC V4W 3N5**

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

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

NAME OF BROKER: _____

ADDRESS OF BROKER: _____

POSTAL CODE _____