

**HORSE SHOW/EVENT
CERTIFICATE OF INSURANCE**

NAMED INSURED:

ADDRESS OF INSURED:

POSTAL CODE:

INSURANCE COMPANY:

CONTRACT #

EFFECTIVE FROM

(mm/dd/yy) **12:01am** TO

(mm/dd/yy) **12:01am**

POLICY NUMBER:

GENERAL LIABILITY

Limit of Liability per Horse Show or Event - _____ Per Occurrence (Minimum \$2,000,000)

Policy Includes all of the following extensions:

- () Broad Form Property Damage
- () Bodily Injury including Participants - Limit per Horse Show or event \$ _____
- () Cross Liability
- () Non-owned Automobile
- () Tenants Legal Liability - Limit _____.

(Not applicable if the property is owned by the legal entity receiving competition sanction)

- () Additional Insureds with respect to Liability arising out of the operations of the named Insured are:
OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, VOLUNTEERS,
AND **Nova Scotia Equestrian Federation**.
- () Waiver of subrogation clause against OFFICIALS, JUDGES, and COURSE
DESIGNERS. AND **Nova Scotia Equestrian Federation**

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 **NOVA SCOTIA EQUESTRIAN FEDERATION – 5516 Spring Garden Rd. 4th Floor Halifax, NS B3J 1G0**

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

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

NAME OF BROKER:

ADDRESS OF BROKER:

EMAIL: