



PRAIRIE CROCUS EVENTS & COMPETITION Certificate of Insurance

145 Pacific Avenue, Winnipeg, MB R3B 2Z6

Phone: 204-925-5718

Email: mhc.admin@sportmanitoba.ca

To be completed 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: _____

City/Province/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** the following required 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 – Min. \$500,000 (Not applicable if named insured owns the property in question)
- Additional Insureds with respect to Liability arising out of the operations of the named Insured are **MANITOBA HORSE COUNCIL INC., OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS and VOLUNTEERS.**
- Waiver of subrogation clause against: **MANITOBA HORSE COUNCIL INC., 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 to affect this certificate, thirty (30) days prior to written notice will be give by this insurance company to the Manitoba Horse Council Inc. 145 Pacific Avenue, Winnipeg, MB R3B 2Z6.

Date this _____ Day of _____, _____ at _____, _____ Canada.

By Authorized Agent: _____
(Signature of Broker, Agent, or authorised representative)

Name of Broker: _____

Address: _____