



# NBEA SANCTIONED HORSE SHOW/EVENT CERTIFICATE OF INSURANCE

To be filled out by 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 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 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 - Limit \$1,000,000  
(Not applicable if the property is owned by legal entity receiving AEF competition sanction)

( ) Additional Insureds with respect to Liability arising out of the operations of the named Insured are **NEW BRUNSWICK EQUESTRIAN ASSOCIATION (NBEA), OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, and VOLUNTEERS.**

( ) Waiver of subrogation clause against: **NEW BRUNSWICK EQUESTRIAN ASSOCIATION (NBEA), 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 SO AS TO AFFECT THIS CERTIFICATE, THIRTY (30) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO THE **NEW BRUNSWICK EQUESTRIAN ASSOCIATION 900 Hanwell Rd. Fredericton, NB E3B 6A2**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AT \_\_\_\_\_, \_\_\_\_\_, CANADA

BY AUTHORIZED AGENT: \_\_\_\_\_  
*(Signature of Broker, Agent, or authorised representative)*

NAME OF BROKER: \_\_\_\_\_

ADDRESS OF BROKER: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_