



# MANITOBA HORSE COUNCIL

## Certificate Of Insurance

145 Pacific Avenue, Winnipeg, MB R3B 2Z6

Phone: 204.925.5719

•mhc.admin@sportmanitoba.ca

manitobahorsecouncil.ca

To be filled out 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 OF INSURED:**

**CITY:**

**POSTAL CODE:**

**INSURANCE COMPANY:**

**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 - \$\_\_\_\_\_ (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.

Additional Insureds with respect to Liability arising out of the operations of the named Insured are:

**MANITOBA HORSE COUNCIL (MHC), OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, and VOLUNTEERS**

Waiver of subrogation clause against: **MANITOBA HORSE COUNCIL (MHC), 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, FIFTEEN (15) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO **MANITOBA HORSE COUNCIL, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6**

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

BY AUTHORIZED AGENT: \_\_\_\_\_  
(Signature of Broker or authorized representative)

**NAME OF BROKER:**

**ADDRESS OF BROKER:**

**EMAIL:**