

CANADIAN PONY CLUB

Additional Insured Application

2020

Request Form

Loyalty	Character		Sportsmanship
Please note that property owners under our insurance policy while the			atically covered
However, some facilities demand to necessary, our insurer has kindly a		• •	e this is not
Please fill out this form only if the	facility requests that it	be named.	
This form must be filled out compl prior to the event. E-mail to info@			than 4 weeks
Branch	Region		
Facility's Full Legal Name			
Facility's Full Legal Address			
Contact Person			
Phone # (<u>)</u>	*Fax #	# ()	
E-mail:			
* A fax number or e-mail address r contact person.	nust be provided so tha	t the certificate can be sen	t to the facility or
Please list the specific activity, date sanctioned activity. Specific dates processed.		•	•
Activity	Date	Time	
		I	
Signature of D.C. or Regional Chair			