

CANADIAN PONY CLUB

Additional Insured Application

2025

Request Form

Loyalty	Character		Sportsmanship
Please note that property owners under our insurance policy while			utomatically covered
However, some facilities demand necessary, our insurer has kindly	•		While this is not
Please fill out this form only if the	e facility requests that it	be named.	
This form must be filled out comp prior to the event. E-mail to info		the National Office no	o less than 4 weeks
Branch	Region		
Facility's Full Legal Name			
Facility's Full Legal Address			
Contact Person			
Phone # ()	*Fax # <u>(</u>)		<u> </u>
E-mail:			_
* A fax number or e-mail address contact person.	must be provided so that	t the certificate can b	e sent to the facility or
Please list the specific activity, da sanctioned activity. Specific date processed.			•
Activity	Date	Time	
		L	
Signature of D.C. or Regional Cha	ir		
5			