

CANADIAN PONY CLUB

Additional Insured Application

2024

Request Form

Loyalty	Character		Sportsmanship
Please note that property owners he under our insurance policy while the	· ·	ub activities are automatio	cally covered
However, some facilities demand th necessary, our insurer has kindly again		• •	:his is not
Please fill out this form only if the f	acility requests that it be	named.	
This form must be filled out complete prior to the event. E-mail to info@co.	· ·	National Office no less tha	an 4 weeks
Branch	Region		
Facility's Full Legal Name			
Facility's Full Legal Address			
Contact Person			
Phone # ()	_ *Fax # (<u>)</u>		
E-mail:			
* A fax number or e-mail address me contact person.	ust be provided so that the	e certificate can be sent to	the facility or
Please list the specific activity, dates sanctioned activity. Specific dates a processed.		•	
Activity	Date	Time	
Signature of D.C. or Regional Chair			