

CANADIAN PONY CLUB

Additional Insured Application

2026

Request Form

Loyalty	Character		Sportsmanship
Please note that property owner under our insurance policy while			atically covered
However, some facilities deman necessary, our insurer has kindly		• •	ile this is not
Please fill out this form only if t	he facility requests that it	be named.	
This form must be filled out comprior to the event. E-mail to info		he National Office no less	than 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 addres contact person.	s must be provided so that	the certificate can be ser	nt to the facility or
Please list the specific activity, d sanctioned activity. Specific dat processed.		•	•
Activity	Date	Time	
Signature of D.C. or Regional Ch	air		