

EQUESTRIAN TRAILS, INC.

REQUEST TO ADD EVENT TO INSURANCE  
REQUEST FOR CERTIFICATE AND/OR ADDITIONAL INSURED  
ONE EVENT PER FORM!!

(Use additional pages if you need more than one certificate or the wording does not fit the box)

Request Date \_\_\_\_\_ Need no later than \_\_\_\_\_

REQUESTOR INFORMATION: Name \_\_\_\_\_ Corral # \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**EVENT INFORMATION**

Name of Event \_\_\_\_\_ Event date(s) \_\_\_\_\_

**IS THIS A MEMBERS ONLY EVENT OR OPEN TO PUBLIC?** \_\_\_\_\_

One setup and one takedown day are automatically included in coverage

Event Description \_\_\_\_\_ Horse Show \_\_\_\_\_ Gymkhana \_\_\_\_\_ Trail Ride \_\_\_\_\_ Clinic \_\_\_\_\_ Camping Trip

Other – describe \_\_\_\_\_

(for clinics, no instruction is included on this policy, you must obtain a certificate of insurance from the clinician naming ETI as additional insured with at least a \$1,000,000 limit per occurrence and the date of the clinic on the certificate. Submit with request form when possible but in no event later than the first date of clinic)

Complete Address where event will be held or where event stages out from

\_\_\_\_\_

**CERTIFICATES AND ADDITIONAL INSUREDS**

Do you require a certificate for this event? \_\_\_\_\_ Do you require anyone to be additionally insured? \_\_\_\_\_

Wording for certificates must be correct on request. There will be a \$10 charge for corrections to certificates after issuance. Special wording may require an additional charge and take more time, submit early.

Name/wording of party to be additional insured \_\_\_\_\_

\_\_\_\_\_

Complete Address of AI \_\_\_\_\_

Reason they are to be additional insured (REQUIRED) \_\_\_\_\_ Landlord \_\_\_\_\_ Facility Manager \_\_\_\_\_ Sponsor

Other (must explain relationship as to why they should be AI) -

\_\_\_\_\_

**SUBMITTING YOUR REQUEST**

All requests to add an event must be received by the office not less than two weeks in advance. Expedited requests may be subject to a rush charge. You may submit in one of two ways: EMAIL this form to insurance@etinational.com Or MAIL this form to PO Box 920668, Sylmar, CA 91392. Allow five business days for processing and certificate issuance. All certificates will be sent to the ETI Office by insurance to be forwarded to Requestor.

*Policy has a total liquor liability exclusion, no coverage can be provided for liquor at events on this policy.  
( R 2/2018)*