

EQUESTRIAN TRAILS, INC. >>> revised: MARCH 2021
USE THIS FORM for ADDITIONAL INSURED and EVENT requests

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.