



Equisure, Inc. 13790 East Rice Place, Suite 100. Aurora, CO 80015 800-752-2472 303-614-6967 fax

New York State Horse Council (NEWYORS)- Certificate of Insurance Request Form

This form is required when a Landowner/ Facility Requires a Certificate of Insurance

Certificate Holder Definitions:

Additional Insured (AI): An assured party specifically named under an insurance policy that is not automatically included as an Insured under this policy of another, but for whom the named Insured's policy provides a certain degree of protection. An endorsement is typically required to affect additional insured status and may be provided upon request. The named Insured's purpose for providing additional insured status to others may be a desire to protect the other party because of a close relationship with that party or to comply with a contractual agreement requiring the named Insured to do so (e.g. , customers or owners of property leased by the named Insured).

Certificate of Insurance (Proof only): Certificate of Insurance is a statement of coverage issued to a Certificate Holder outlining the insurance benefits and principal provisions applicable to the named insured. Certificate of Insurance serves as proof of coverage only and **does not extend coverage** to the Certificate Holder.

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording

NYSHC Chapter Name: _____

NYSHC Chapter Representative: _____

Name of Event: _____

Date of Event: _____

Type of Event: Trail Ride____Clinic____Parade____Gymkhana____Schooling Show____Fun/Play Day____

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____ Fax #: _____

Email: _____

Certificate Holder: Proof of Insurance____ or Additional Insured____

Is Certificate Holder: Landowner____ or Facility Owner____

Please Duplicate Form as Necessary

Email Completed Form to: Stephen.Ropel@nyshc.org