

**CALIFORNIA DRESSAGE SOCIETY  
LIABILITY INSURANCE  
INFORMATION AND PROCEDURES**

The following information should explain how the Liability Policy for CDS works now and what is expected of the Chapters to have all their events properly insured. **ALL EVENTS MUST BE REPORTED TO THE INSURANCE AGENT IF THEY INVOLVE HORSES.**

**Application for Insurance for Events:** Events are shows, clinics or seminars offered by CDS or its chapters to members and nonmembers alike. Insurance certificates for events must be applied for a minimum of sixty (60) days prior to the event. Each individual event must be submitted on an event coverage request form completely filled out and submitted to the CDS Central Office. Certificates of insurance will be issued from the event coverage request form *so please be sure to get the right mailing address for all parties to receive certificates.* Any certificates that must be reissued due to erroneous information provided by the chapter will be subject to a \$10 administrative fee.

**Clinicians MUST provide** proof of their own insurance coverage in order for the event to be covered by CDS insurance policy *If the clinician does not have insurance, it can be added for \$200 per event.*

**Cancellation/Rescheduling:** If an event is canceled or rescheduled, Equine Insurance must be notified within 24 hours of the decision to cancel or reschedule, in any event not later than the first day of the event. One rescheduling is allowed per event day and the reschedule date must be provided within 48 hours of the notification to reschedule.

**Charges and Fees to Chapters:** Charges for certificates are as follows:  
when there is more than one additional insured (except USEF and USDF) - \$10  
when a certificate must be faxed - \$10  
when a certificate must be overnighted - \$20  
if a certificate must be reissued due to missing or erroneous information on the application - \$10  
if an event is rescheduled and certificates must be reissued for the new date - \$10

**Notice:** Any notice in writing may be provided by mail, fax or E-Mail. For events requiring a fee, said event must be submitted **by mail** with payment attached in the form of a chapter check.

CDS CENTRAL OFFICE  
P O BOX 417, CARMEL VALLEY, CA 93924  
Fax: 831-659-2383  
Email: paula@california-dressage.org

**EQUINE INSURANCE**

Donna Parker  
211 S Glendora Ave Ste B,  
Glendora, CA 91741  
(800) 321-5723 - (626) 963-4646  
E-Mail: donna@equine-ins.com

**CALIFORNIA DRESSAGE SOCIETY  
HORSE SHOW/CLINIC/SPECIAL EVENT  
INSURANCE COVERAGE REQUEST FORM  
ONLY ONE EVENT PER FORM PLEASE!**

Chapter Name \_\_\_\_\_

Chapter Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Event \_\_\_\_\_ Type of Event \_\_\_\_\_

Location of Event (full address) \_\_\_\_\_  
\_\_\_\_\_

Event Dates: Start \_\_\_\_\_ End \_\_\_\_\_ Clinician \_\_\_\_\_

Does the facility require a certificate of insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you must provide the complete name of the facility owner(s) and one mailing address in order to issue a certificate of insurance. Example: "John Doe dba Horse Creek Ranch", or "Jane & John Doe, Bill Sellers and Horses, Inc. dba Show Facilities International". If in doubt, check with the facility for their exact required wording. Only one certificate will be issued for the facility owner(s) naming all entities required. If any separate certificates are required, they must be shown below as "other entities".*

**Clinicians must provide their own proof of insurance. If the clinician does not have insurance, it can be added for \$200 per event.**

Name and Mailing Address of FACILITY to be included as additional insured:  
\_\_\_\_\_  
\_\_\_\_\_

If show, is it recognized by USEF ? Yes \_\_\_\_\_ No \_\_\_\_\_ USEF # \_\_\_\_\_

**If yes, send certificate to** USEF 4047 Iron Works Parkway, Lexington, KY 40511  
fax: 859-231-6662

**and additional copy to** USDF 4051 Iron Works Parkway, Lexington, KY 40511  
fax: 859-971-7722

Do any other entities require proof of insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you must provide the complete name of the entity and their mailing address below in order to issue a certificate of insurance as well as the relationship requiring the proof of insurance (e.g., corporate sponsor, vendor from which you rented equipment, other sanctioning organization such as USDF). Vendors and corporate sponsors cannot be named additional insured but can be issued proof of insurance.*

Other Certificates required & relationship:  
\_\_\_\_\_  
\_\_\_\_\_

Complete one form for each event and mail to:

CDS Central Office phone: 831/659-5696 fax: 831/659-2383  
P.O. Box 417 (9 Del Fino Pl #202) email: paula@california-dressage.org  
Carmel Valley, CA 93924

**AT LEAST SIX WEEKS PRIOR TO OPENING DAY OF EVENT**

Charges: No charge for certificates for facility, USDF and USEF

\$10.00 per certificate to other entities or reissuance of certificates for reschedule events.

\$10.00 *additional* for each certificate that must be faxed (provide fax #)

\$20.00 *additional* for each certificate that must go overnight mail (street address must be provided)

Payments should be on CDS Chapter checks made payable to Equine Insurance and remitted with this form.

**Unless otherwise indicated for certificates issued, the original will be sent directly to the certificate holder with a copy to the chapter contact and a copy to the CDS Central Office.**