

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:

Insurance Fee \$65 PER DAY
Paid to
CDS
P O Box 417
Carmel Valley, CA 93924

Notice: For all events must be submitted **by mail** with payment attached in the form of a chapter check, or by fax with a credit card.

CDS CENTRAL OFFICE
P O BOX 417
CARMEL VALLEY, CA 93924

Insurance provided by Parker Equine Insurance



**PARKER
EQUINE
INSURANCE**

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 _____

Email _____

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, certificate to

USEF 4001 Wing Commander Way, Lexington, KY 40511
fax: 859-231-6662

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
P.O. Box 417
Carmel Valley, CA 93924

phone: 831/659-5696 fax: 831/659-2383
email: paula@california-dressage.org

AT LEAST SIX WEEKS PRIOR TO OPENING DAY OF EVENT

*****Chapter Insurance Fee: \$65 PER DAY fee payable to CDS**

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

Payments should be on CDS Chapter checks made payable to CDS 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.