

**EQUISURE, INC LIABILITY APPLICATION for AFFILIATE HORSE CLUB/ASSOCIATION
CERTIFICATE of INSURANCE REQUEST FORM**

This is not a binder. Please Type or Print Clearly.

Name of Club _____ Club Contact _____

Club Mailing Address: _____

Email _____ Tel # _____ Fax # _____

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

CERTIFICATE HOLDER <i>(Select One)</i> <input type="checkbox"/> PROOF OF INSURANCE <input type="checkbox"/> ADDITIONAL INSURED (AI)
<i>Check all that apply:</i> <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ **Email:** _____

CERTIFICATE HOLDER <i>(Select One)</i> <input type="checkbox"/> PROOF OF INSURANCE <input type="checkbox"/> ADDITIONAL INSURED (AI)
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Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ **Email:** _____

Authorized Club Representative (please print) _____

Signature: _____ **Date:** _____

Please print the application & sign with blue or black ink

Ed date:10/14