



**REQUEST FOR CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED FOR ALL USAC PERMITTED EVENTS**

Applications must be submitted with the permit unless information is not yet available. Application must be received **prior to the event** or it will not be processed.

**Mail to:** ♦ USA Cycling ♦ 210 USA Cycling Point, Suite 100, Colorado Springs, CO 80919-2215 ♦ Ph: 719/434-4200  
♦ Fax: 719/434-4300 ♦ Email: membership@usacycling.org

**Event Permit #** \_\_\_\_\_

**Name of Club/Organizer:** \_\_\_\_\_ **Club/Organizer #:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Event Name:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_  
**Event Location:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

List all parties who are requiring that they be named as additional insured for this event. **THIS IS NOT VALID WITHOUT A RELATIONSHIP INDICATED.** Examples of relationship categories include landowner, permit holder (governmental bodies which have issued permits), sponsor, municipality, etc. **The first five additional insured parties are FREE.** You may request as many more additional insured parties as necessary **for an additional administrative fee of \$5 each** (please attach additional copies of this page as needed). **PLEASE PRINT. NO REFUNDS NO EXCEPTIONS**

1) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

2) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

3) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

4) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

5) **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Have you entered into any agreement, contract, or permit in conjunction with this event that contains assumption of liability, indemnification, or hold harmless language? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please forward a copy of the document with this Request for Certificate of Insurance and Additional Insured.

**NO REFUNDS NO EXCEPTIONS**