



## REQUEST FOR CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED

♦♦FOR ALL USA CYCLING PERMITTED EVENTS♦♦



Applications must be submitted with permit unless information is not yet available.

Application must be received **prior to event** or it will not be processed.

**Mail to:** ♦ USA Cycling ♦ One Olympic Plaza, Colorado Springs, CO 80909-5775

♦ P: 719/866-4581

♦ F: 719/866-4628

♦ E: [uscf@usacycling.org](mailto:uscf@usacycling.org)

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

Name of Club/Organizer: \_\_\_\_\_ Club/Organizer #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_ Email: \_\_\_\_\_

**The first five additional insured parties are free.** 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. You may request as many additional insured parties as necessary for an additional fee of \$5 each (please attach additional sheet with the following information). **PLEASE PRINT.**

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.