



**NON-OWNED/HIRED MOTORCYCLE LIABILITY INSURANCE APPLICATION**  
 Complete this form if you would like USA Cycling insurance coverage for motorcycles at your USA Cycling sanctioned event .  
**ONLY MOTORCYCLES AND DRIVERS LISTED ON THIS APPLICATION WILL BE COVERED BY USA CYCLING'S INSURANCE.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event Permit # \_\_\_\_\_  
 Event Location: City \_\_\_\_\_ State \_\_\_\_\_ Authorized USA Cycling Member: \_\_\_\_\_  
 Event Organizer: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**COVERAGES:**

- Motorcycle Liability = \$1,000,000 Excess Limit
- Coverage is per motorcycle/driver, per event (up to 10 **consecutive** racing days). Each event within a permitted series is considered a separate event and requires a separate application.
- Coverage period is the term of the event on the permit and applies only while officiating or marshaling during the race at the specific event.
- Coverage is not provided for State Financial Responsibility.
- Non-owned/hired supplemental liability insurance is excess of primary insurance policy.

- Motorcycle must have primary insurance and drivers must be properly licensed to drive motorcycles.
- The owner of the vehicle will be covered only if he or she has primary liability insurance and is an official or marshal driving the motorcycle during the race at the specific event.
- **ALL DRIVERS MUST BE 19 YEARS OF AGE OR OLDER, REQUEST A MOTOR VEHICLE REPORT ONLINE, AND BE APPROVED AS A QUALIFIED DRIVER.**

**FEES:**       Check    Money Order    VISA    MASTERCARD

\$85.00 x (# of Motos for the first 5 Motos) = \$ \_\_\_\_\_  
 \$50.00 x (# of Motos after first 5 Motos) = \$ \_\_\_\_\_  
 \$50.00 late processing fee (if received within 7 business days of the event)

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit Card Expiration Date \_\_\_\_/\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Print Cardholder Name \_\_\_\_\_

**NOTE:** NO REFUNDS WILL BE ISSUED UNLESS THE APPLICATION IS DENIED. APPLICATION MUST BE RECEIVED NO LATER THAN SEVEN (7) BUSINESS DAYS PRIOR TO THE DATE THE CERTIFICATE IS NEEDED BY THE EVENT ORGANIZER OR THE DATE OF THE EVENT, WHICHEVER IS EARLIER. REQUESTS RECEIVED AFTER THIS TIME CANNOT BE GUARANTEED AND WILL BE ASSESSED A \$50 LATE PROCESSING FEE. APPLICATIONS RECEIVED AFTER THE EVENT WILL NOT BE HONORED. APPLICATION FOR DRIVERS MAY BE DECLINED BASED ON DRIVING RECORD. **PLEASE TYPE THIS FORM OR PROVIDE AN EXCEL® SPREADSHEET CONTAINING THE SAME INFORMATION AS THE FORM.**

**MOTORCYCLE/DRIVER #1:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # \_\_\_\_\_

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Valid for Motorcycle?  Yes  No

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Insurer Limits: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ - \_\_\_\_\_

**MOTORCYCLE/DRIVER #2:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # \_\_\_\_\_

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Valid for Motorcycle?  Yes  No

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Insurer Limits: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

IF ADDITIONAL DRIVERS/VEHICLES ARE NEEDED, PLEASE PROVIDE AN EXCEL® SPREADSHEET CONTAINING THE SAME INFORMATION AS THE FORM.