



NON-OWNED/HIRED AUTOMOBILE LIABILITY INSURANCE APPLICATION (EXCLUDES MOTORCYCLES)

Complete this form if you would like USA Cycling insurance coverage for automobiles at your USA Cycling sanctioned event .
ONLY VEHICLES 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:

- Automobile Liability = \$1,000,000 Excess Limit
- Coverage is per vehicle/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.
- Vehicle must have primary insurance for road use and drivers must be properly licensed.

- Non-owned/hired supplemental liability insurance is excess of primary insurance policy.
- 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 vehicle during the race at the specific event.
- Automobiles may only carry a maximum of the number of seats with safety restraints or 9 people, whichever is less, for the coverage to be valid.
- **ALL DRIVERS MUST BE 19 YEARS OF AGE OR OLDER, PASS A MOTOR VEHICLE BACKGROUND CHECK, AND BE APPROVED AS A QUALIFIED DRIVER.**

FEES:

\$45.00 x (# of Autos) = \$ _____ • Add a \$50 late processing fee if received within 7 business days of the event.
 Check Money Order VISA MASTERCARD

Card Number ____/____/____/____ - ____/____/____/____ - ____/____/____/____ Credit Card Expiration Date ____ / ____
Cardholder Address _____ City _____ State _____ Zip _____
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.**

VEHICLE #1:

Year: _____ Make: _____ Model: _____ VIN # _____

Owner's Full Name: _____

Owner's email address (to be used to email insurance certificate): _____

Auto Insurer: _____ Insurer Limits: _____ Policy Dates: _____ - _____

VEHICLE #2:

Year: _____ Make: _____ Model: _____ VIN # _____

Owner's Full Name: _____

Owner's email address (to be used to email insurance certificate): _____

Auto Insurer: _____ Insurer Limits: _____ Policy Dates: _____ - _____

Please complete 2nd page with driver information

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



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DRIVER INFORMATION

DRIVER #1:

Driver's Full Name: _____ DOB _____ State _____ License # _____

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

DRIVER #2:

Driver's Full Name: _____ DOB _____ State _____ License # _____

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

DRIVER #3:

Driver's Full Name: _____ DOB _____ State _____ License # _____

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

DRIVER #4:

Driver's Full Name: _____ DOB _____ State _____ License # _____

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

DRIVER #5:

Driver's Full Name: _____ DOB _____ State _____ License # _____

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

Signed: _____ Date: _____

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