



Chapter Event Liability Insurance Certificate Request



Event Information

Name of Event: _____

Date(s) of Event: _____

Name of Event Venue: _____

Event Address: _____

Street Address

City

State

ZIP Code

Event Web Address: _____

Contact Information

Contact Name: _____

Address: _____

Street Address

City

State

ZIP Code

Contact Email Address: _____

Contact Phone Number: _____

Event Details

Set Up Starts: _____ Take Down Ends: _____

of Spectators per Day: _____ # of Participants per Day: _____

Do you sell feed, grain, hay or shavings to participants? YES NO Receipts: \$ _____

Do you provide RV or camper hookups during this event? YES NO Receipts: \$ _____

Do you directly provide concessions during this event? YES NO # of Hook-ups _____ Receipts: \$ _____

If yes, explain: _____

Non-Liquor Receipts: \$ _____ Liquor Receipts: \$ _____

Additional Insured

Check boxes and fill in information where applicable

INSURED NAME

CONTACT ADDRESS

USEF

United States Equestrian Federation Competition Department
4047 Iron Works Parkway Lexington KY 40511

UPHA Chapter #

Venue

Other

Other

Administrative Fees

ADMINISTRATIVE FEE: \$100 per day.

Total number of days of event, not including set-up and take-down: _____

X \$100 = \$ _____

Total owed UPHA

This form must be completed and returned to UPHA no later than 14 days prior to the event and must be accompanied by full payment of the administrative fees in order for the insurance certificate to be received in a timely manner.

Disclaimer and Signature

The statements given in this application are true and accurate. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Signature: _____ Date: _____

Print Name: _____

Title or Event Association: _____

Please email any questions to
jmellenkamp@uphaonline.com
UPHA, Inc. 4059 Iron Works Parkway #2, Lexington, KY 40511 (859) 231-5070, (859) 255-2774 Fax



For any additional questions regarding this form or for additional insurance for your event or Chapter, including; Commercial Liability, Event Cancellation or Board of Directors Insurance, please contact Equidae Insurance at info@equidaeinsurance.com 304-346-1198 (Office) or 304-545-7371 (Cell)

