

HORSEMEN'S UNITED ASSOCIATION

P.O. Box 5454 • High Point NC 27262 • 888-435-6464 • fax 336-217-8924 • www.horsemensunited.com

INSURANCE CERTIFICATE REQUEST

1. HUA Member Club Name _____

2. Correspondent's Name _____

3. Phone Number(s) _____

4. Please prepare a:

Certificate of Insurance (no charge)

Additional Insured Endorsement for an equine event (\$95)

Additional Insured Endorsement for a non-equine event (\$65)

5. Name and address of Certificate Holder or Additional Insured:
(as it should appear on document)

6. Date(s) of Event (if applicable) _____

Name of event _____

If no dates are specified, the endorsement will run from the date your request is received through the end of your policy. However, an additional insured endorsement only applies during events held or sponsored by your club.

7. Please Fax Email Mail by (DATE) _____

You may check more than one method of delivery. A hard copy will be mailed to your club for your records.

Fax Number _____

Email Address _____

Postal Address to Mail Certificate _____

8. Invoice Address

Same as above Other: _____

9. Additional instructions: _____

*We will make every effort to process your request immediately.
However, please allow three days for processing plus 3-5 days for mailed certificates to reach you.*

*Call our office if you need overnight mail service.
An additional \$25 fee will apply.*