

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

E-mailed requests are welcome. A fill-in form is available on our Web site.

1. Club Name _____

2. Correspondent's Name _____

3. Phone Number(s) _____

4. We need a:

Certificate of Insurance (no charge)

Additional Insured Endorsement (\$90)

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

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

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 Mail by (date) _____

Fax Number _____

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 \$20 fee will apply.*