

HORSEMEN'S UNITED ASSOCIATION

P.O. Box 5454 • High Point NC 27262 • voice or fax: 888-435-6464 • www.horsemensunited.com

INSURANCE CERTIFICATE REQUEST

HUA Member Club Name _____

Please prepare a:

Certificate of Insurance (no charge--
confers no coverage to the certificate holder)

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

Name and address of entity to be named Certificate Holder or Additional Insured:
(as it should appear on certificate)

Date (s) of Event _____

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 sanctioned by or participated in by your club.

Correspondent's Name _____

Phone Number(s) _____

Email address _____

Fax number _____

Please Fax Email Mail by (DATE) _____

You may check more than one method of delivery.

Postal Address to Mail Certificate _____

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.*