2023 Events Schedule

Club Name

Insurance coverage applies only during events; therefore, if we don't have your events schedule, there is nothing to cover! There is no limit to the number of covered events. You may add or change events at any time throughout the year via phone, fax or e-mail.

| | | | | , |
|----------------------|------------------------------------|--|---------------------------|---|
| Dates (From – To) | Contact Person and Phone Number | Event Type (e.g. rodeo, banquet, horse show) | Location (City, State) | Additional Insured Endorsement Required Y/ |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| | 1 | | | |

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.

^{*}If yes, please fill out the back of this form. Most events do not require endorsements. If you're not sure yet whether you'll need an endorsement, just let us know as soon as you find out.

2023 Additional Insured Endorsements

Most events do not require endorsements. Please check with your arenas/landowners to determine whether or not you need an endorsement. We must know the event type(s) to issue an endorsement.

If you need more endorsements or certificates during the year, please email us at least 5 days prior to the event. **If not using the form below your email must include the following:** Name of the Event, Location (City and State), Date (if multiple provide range), Type of Event, Contact (Name and Phone), and the Name of Entity to be identified as the Additional Insured (including address if necessary).

| Event No. from other | Additional Insured & Event(s) to be covered as you would like it to appear on the endorsement | Effective Date(s) |
|-----------------------------|---|-------------------|
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |
| | Additional Insured: | |
| | Event(s): | |