



## NON-OWNED/HIRED AUTOMOBILE LIABILITY INSURANCE APPLICATION (EXCLUDES MOTORCYCLES)

Complete this form if you would like USA Cycling insurance coverage for automobiles at your USA Cycling sanctioned event .  
**ONLY VEHICLES AND DRIVERS LISTED ON THIS APPLICATION WILL BE COVERED BY USA CYCLING'S INSURANCE.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event Permit # \_\_\_\_\_

Event Location: City \_\_\_\_\_ State \_\_\_\_\_ Authorized USA Cycling Member: \_\_\_\_\_

Event Organizer: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### COVERAGES:

- Automobile Liability = \$2,000,000 Excess Limit
- Coverage is per vehicle/driver, per event (up to 10 **consecutive** racing days). Each event within a permitted series is considered a separate event and requires a separate application.
- Coverage period is the term of the event on the permit and applies only while officiating or marshaling during the race at the specific event.
- Coverage is not provided for State Financial Responsibility.
- Vehicle must have primary insurance for road use and drivers must be properly licensed.

- Non-owned/hired supplemental liability insurance is excess of primary insurance policy.
- The owner of the vehicle will be covered only if he or she has primary liability insurance and is an official or marshal driving the vehicle during the race at the specific event.
- Automobiles may only carry a maximum of the number of seats with safety restraints or 9 people, whichever is less, for the coverage to be valid.
- **ALL DRIVERS MUST BE 19 YEARS OF AGE OR OLDER, PASS A MOTOR VEHICLE BACKGROUND CHECK, AND BE APPROVED AS A QUALIFIED DRIVER.**

### FEES:

\$50.00 x (# of Autos) = \$ \_\_\_\_\_ • Add a \$50 late processing fee if received within 7 business days of the event. ☐

Check ☐ Money Order ☐ VISA ☐ MASTERCARD

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit Card Expiration Date \_\_\_\_/\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Print Cardholder Name \_\_\_\_\_

**NOTE:** NO REFUNDS WILL BE ISSUED UNLESS THE APPLICATION IS DENIED. APPLICATION MUST BE RECEIVED NO LATER THAN SEVEN (7) BUSINESS DAYS PRIOR TO THE DATE THE CERTIFICATE IS NEEDED BY THE EVENT ORGANIZER OR THE DATE OF THE EVENT, WHICHEVER IS EARLIER. REQUESTS RECEIVED AFTER THIS TIME CANNOT BE GUARANTEED AND WILL BE ASSESSED A \$50 LATE PROCESSING FEE. APPLICATIONS RECEIVED AFTER THE EVENT WILL NOT BE HONORED. APPLICATION FOR DRIVERS MAY BE DECLINED BASED ON DRIVING RECORD. **PLEASE TYPE THIS FORM OR PROVIDE AN EXCEL® SPREADSHEET CONTAINING THE SAME INFORMATION AS THE FORM.**

### VEHICLE #1:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_

Owner's email address (to be used to email insurance certificate): \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Insurer Limits: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ - \_\_\_\_\_

### VEHICLE #2:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_

Owner's email address (to be used to email insurance certificate): \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Insurer Limits: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ - \_\_\_\_\_

Please complete 2nd page with driver information

IF ADDITIONAL VEHICLES ARE NEEDED, PLEASE PROVIDE AN EXCEL® SPREADSHEET CONTAINING THE SAME INFORMATION AS THE FORM.



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### DRIVER INFORMATION

#### DRIVER #1:

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

#### DRIVER #2:

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

#### DRIVER #3:

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

#### DRIVER #4:

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

#### DRIVER #5:

Driver's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Driver's email address (to be used to email insurance certificate): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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