



2020 NEWDA PUBLIC DAY INSURANCE REQUEST FORM

Chapter:		Date:	
Event Name:			
Date(s) of Event:			
Location:			
Event Manager:		Phone:	
Address:		Phone:	

Is this event USEF sanctioned?	Yes		No	
Do you need a Certificate of Insurance?	Yes		No	
Must anyone other than NEWDA be listed as insured?	Yes		No	

If yes, please give **complete name and address** of ADDITIONAL INSURED:

Total Number of days of clinic or show:		@ \$40 per day	
Number of additional insured's:		@ \$30 per day	
Total cost of insuring this event:			
TOTAL ENCLOSED:			

*Please make checks payable to **EXCALIBUR INSURANCE**.*

Please list names of each person/business to whom you expect to pay in conjunction with this event (e.g., judges, clinicians, riding facilities):

Mail this form with payment and a Certificate of Insurance for any additional insured's to:

Vicki Hodel
N8896 County Road EE
Portage, WI 53901

This completed form and payment in full must reach the NEWDA Treasurer at least three weeks prior to the date(s) of the event. The day before and the day after the event are automatically included in the basic premium. Please include the complete address and phone numbers for the location and event manager. If you requested a Certificate of Insurance, it will be mailed to the event manager or additional insured.

For Treasurer's Use Only:

Date Received	Amount	Check No.	Date Sent	Amount	Cert. Received