



CHAPTER EVENT LIABILITY INSURANCE COVERAGE REQUEST



EVENT INFORMATION

Name of Event: _____

Date(s) of Event: _____

Name of Event Venue: _____

Event Address: _____

Street Address

City State ZIP Code

Event Web Address: _____

CONTACT INFORMATION

Contact Name: _____

Address: _____

Street Address

City State ZIP Code

Contact Email Address: _____

Contact Phone Number: _____

EVENT DETAILS

Set Up Starts: _____	Take Down Ends: _____
# of Spectators per Day: _____	# of Participants per Day: _____
Do you sell feed, grain, hay or shavings to participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts: \$ _____
Do you provide RV or camper hookups during this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts: \$ _____
Do you directly provide concessions during this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Hook-ups: _____
	Receipts: \$ _____
If yes, explain: _____	
Non-Liquor Receipts: \$ _____	Liquor Receipts: \$ _____

ADDITIONAL INSURED

Check boxes and fill in information where applicable

INSURED NAME

CONTACT ADDRESS

☐ USEF

United States Equestrian Federation Competition Department
4047 Iron Works Parkway, Lexington, KY 40511

☐ UPHA Chapter # _____

☐ Venue

☐ Other

☐ Other

ADMINISTRATIVE FEES

Administrative Fee: \$100 per day.

Total number of days of event, not
including set-up and take-down: _____

X \$100 = \$ _____

Total owed UPHA

This form must be completed and returned to UPHA no later than 14 days prior to the event and must be accompanied by full payment of the administrative fees in order for the insurance certificate to be received in a timely manner.

DISCLAIMER AND SIGNATURE

The statements given in this application are true and accurate. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Signature: _____ Date: _____

Print Name: _____

Title/Event
Association: _____

Please email any questions to jmellenkamp@uphaonline.com
UPHA, Inc. 4059 Iron Works Parkway #2, Lexington, KY 40511 (859) 231-5070, (859) 255-2774 Fax



For any additional questions regarding this form or for additional insurance for your event or Chapter, including;
Commercial Liability, Event Cancellation or Board of Directors Insurance,
please contact Equidae Insurance at info@equidaeinsurance.com
304-346-1198 (Office) or 304-545-7371 (Cell)

