

RIDE AND DRIVE EVENT CERTIFICATE QUESTIONNAIRE

Named Insured: _____

Type of Event: _____

Date of Event Start: _____ End: _____

Coverage Requesting:

Limit:

☐ General Liability (Premises) No Event Liability

☐ Event Liability

☐ Auto Liability

☐ Work Comp

☐ Excess

☐ Participant Accident

☐ Other: _____

Certificate Wording Required (if any): _____

Please attach copy of Contract or Agreement (if applicable)

Additional Insured:

Relationship to Insured:

Certificate Holder:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email: _____

