

EDRA (Endorsed Event) CERTIFICATE OF INSURANCE REQUEST FORM

Please submit a Certificate Request for each ride. This is not a binder.

SECTION RIDE MANAGER INFORMATION

NEED BY DATE: \_\_\_\_\_

Ride Manager Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

SECTION 2: RIDE INFORMATION / CERTIFICATE HOLDER

Name of Event \_\_\_\_\_ Event Date (Include all days) \_\_\_\_\_

Event Address \_\_\_\_\_

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract, if Certificate requires specific wording..

**Landowner Facility Owner** (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

Special Wording Required Copy attached!  Yes  No

Special Wording: \_\_\_\_\_

**Sponsor / Lessor** (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED

Certificate Holder Name: \_\_\_\_\_ Mailing

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Special Wording Required? Copy attached?  Yes  No

Special Wording: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

• PLEASE EMAIL COMPLETED FORM TO: endorsement@equinedistanceriding.com OR SNAIL MAIL TO 3691 Beck Rd, Rice, WA 99167.