



Insurance Request Form

*CaniCross USA membership required for insurance. If you are not a member, please signup prior to completing insurance request form... visit <https://www.raceentry.com/canicross-usa-annual-membership/race-information>

Today's Date _____

Name of Organization or Individual Requesting Certificate _____

Address of Organization or Individual _____

Type of Organization: Profit Non-for-Profit

Person Requesting Certificate _____ Title _____

Email _____ Phone Number _____

Contact Person _____ Title _____

Email _____ Phone Number _____

Name of Event _____

Event Website _____ Date of Event _____

Number of CaniCross Participants/Volunteers _____ Number of Non-CaniCross Participants/Volunteers _____

I have read and agree to the [CaniCross USA – 2019 Canicross Event Guidelines for Insurance](#)

Liability Policy Options: \$1 million \$2 million Number of Events You Host/Manage Annually _____

Special Instructions _____

PAYMENT (please fill in completely, or call 262-925-0300 to provide credit card information)

Type of credit card: Visa MasterCard American Express Discover

Credit Card Number _____ Expiration Date ____ - ____ CSC# _____

Name of Credit Card _____

Credit Card Billing Address _____

ADDITIONAL INSURED

Name of Organization or Individual _____

Relationship to the Event (*sponsor, co-promoter, lessor of premises*) _____

Address _____

Phone _____

Contact Person _____ Email _____

Name of Organization or Individual _____

Relationship to the Event (*sponsor, co-promoter, lessor of premises*) _____

Address _____

Phone _____

Contact Person _____ Email _____

Name of Organization or Individual _____

Relationship to the Event (*sponsor, co-promoter, lessor of premises*) _____

Address _____

Phone _____

Contact Person _____ Email _____

For questions, please call (262) 925-0300
Submit form to: briant@kenosharunningcompany.com
All applications will be reviewed within 3 business days.
Payment by credit card only.

CaniCrossUSA.org