



Date \_\_\_\_\_ Legal Name / DBA \_\_\_\_\_

Organization Type:  LLC  Inc.  LP  Other \_\_\_\_\_

Contact Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Is This A New Venture?  YES  NO Previously Insured with McKay Insurance?  YES  NO

If Insured elsewhere, Name of General Liability Insurance Company \_\_\_\_\_

Has your organization had any losses in the past 5 years? If yes, please explain: \_\_\_\_\_

**IF PREVIOUSLY INSURED ELSEWHERE, PLEASE INCLUDE LOSS RUNS FOR THE PAST 3 YEARS**

Number of trishaws \_\_\_\_\_ \$600 (includes all trishaws)

Volunteer Medical: # of Volunteers \_\_\_\_\_ X \$ .28 = \$ \_\_\_\_\_ (In Addition)

\$ \_\_\_\_\_ Total

(All riders and volunteers must sign a release) \$

Is coverage desired for the trishaw? (theft or damage)  Yes  No Value: \$ \_\_\_\_\_

*This coverage will be quoted separately*

Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Where is the trishaw stored when not in use? Is the trishaw or the storage area locked/secured?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHECKLIST NOTE: Applications WILL NOT be processed until all of this information is received**

Application  Premium  Release  Additional Insureds (see attached / optional)  Loss Runs (if applicable)

**CREDIT CARDS ACCEPTED**

*Complete below and fax or email with supporting documents*

Card Type  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_ Card Verification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Email (optional) \_\_\_\_\_ Cardholder Phone (optional) \_\_\_\_\_

**If paying by check, please mail the premium with application and copy of your release.**

By signing you authorize McKay Insurance Agency, Inc. to bind coverage and debit your card for the full amount of the premium including Expedite Fee (if applicable). There is no return of premium for cancellation or underattendance.

**Applicant Signature** \_\_\_\_\_ (Signature required regardless of payment)

Applications are processed in the order they are received. Certificates will NOT be issued until all documents and payment are received. Coverage is NOT bound until you receive certificates of insurance.  
All rates include excess accident medical and policy fees.

**CERTIFICATE REQUEST FORM**

McKay Insurance Agency, Inc.  
PO BOX 151  
106 East Main Street  
Knoxville, IA 50138

Date \_\_\_\_\_ Named Insured \_\_\_\_\_

NOTE: There is no charge for Government / Municipality or Venue / Facility Additional Insured certificates or Certificate Holders if submitted with the application.

Sponsors, Co-Sponsors and Co-Promoters Additional Insured certificates are \$10 each.

Some Additional Insureds require specific wording. Please provide such wording if required.

**ALL CERTIFICATE REQUESTS SUBMITTED AFTER THE INITIAL APPLICATION WILL BE CHARGED \$10 REGARDLESS OF STATUS**

1. \_\_\_\_\_  
Name of Entity Address of Entity City State Zip

Type of Entity  Government/ Municipality  Sponsor / Co-Promoter (\$10)  Venue / Facility  Beneficiary / Charity  
 Other (please explain \_\_\_\_\_)

Does Entity Require ADDITIONAL INSURED Status?

NO  YES If yes, is it required by written agreement, permit or contract?  NO  YES If yes, please provide a copy

2. \_\_\_\_\_  
Name of Entity Address of Entity City State Zip

Type of Entity  Government/ Municipality  Sponsor / Co-Promoter (\$10)  Venue / Facility  Beneficiary / Charity  
 Other (please explain \_\_\_\_\_)

Does Entity Require ADDITIONAL INSURED Status?

NO  YES If yes, is it required by written agreement, permit or contract?  NO  YES If yes, please provide a copy

3. \_\_\_\_\_  
Name of Entity Address of Entity City State Zip

Type of Entity  Government/ Municipality  Sponsor / Co-Promoter (\$10)  Venue / Facility  Beneficiary / Charity  
 Other (please explain \_\_\_\_\_)

Does Entity Require ADDITIONAL INSURED Status?

NO  YES If yes, is it required by written agreement, permit or contract?  NO  YES If yes, please provide a copy

4. \_\_\_\_\_  
Name of Entity Address of Entity City State Zip

Type of Entity  Government/ Municipality  Sponsor / Co-Promoter (\$10)  Venue / Facility  Beneficiary / Charity  
 Other (please explain \_\_\_\_\_)

Does Entity Require ADDITIONAL INSURED Status?

NO  YES If yes, is it required by written agreement, permit or contract?  NO  YES If yes, please provide a copy

5. \_\_\_\_\_  
Name of Entity Address of Entity City State Zip

Type of Entity  Government/ Municipality  Sponsor / Co-Promoter (\$10)  Venue / Facility  Beneficiary / Charity  
 Other (please explain \_\_\_\_\_)

Does Entity Require ADDITIONAL INSURED Status?

NO  YES If yes, is it required by written agreement, permit or contract?  NO  YES If yes, please provide a copy

If additional certificates are needed, please complete another page.

Certificate Total \$ \_\_\_\_\_  
(Carry this total to the event application page)