



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

● GEOCACHING Premium Summary:

Event Name	Date(s) of Event	# of days	# of Participants	Participant Days
				Participant Day Total

(All Participants and Volunteers must sign a waiver)

Event Premium: # _____ Participant days X \$2.50 = EVENT(S) PREMIUM: \$ _____ (\$400 Minimum per Event)
(Minimum premium covers up to 160 participant days)

Volunteer Medical # of Volunteers _____ X \$.28 = Premium: \$ _____ (In Addition to Event Premium)

Optional Coverages:

- \$1 Million Excess Liability (EXCESS) \$635 per event
(Subject to change based on number of participants. You will be notified prior to binding) \$ _____ EXCESS
- Property Of Others In Your Care, Custody or Control (per event, no deductible)
\$5,000 = \$325 \$10,000 = \$445 \$15,000 = \$656 \$20,000 = \$909 \$ _____ PROPERTY OF OTHERS
- Applications received within 5 business Days of Event will be charged a \$50 Expedite Fee \$ _____ EXPEDITE FEE (\$50)
- Certificate Charge (from cert request page) \$ _____
- Hired & Non-Owned Auto Liability: Contact our office for more information **TOTAL** \$ _____

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

- Application Premium Waiver Event Brochure or Advertising Additional Insureds (see attached / optional)
- Risk Management Documentation (if there are any open road or water segments) 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 _____
(on back of card)

Card Billing Address _____ City _____ State _____ Zip _____

Cardholder Email (optional) _____ Cardholder Phone (optional) _____

If paying by check, please mail premium with application, waiver and supporting documents.

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. Incomplete submissions WILL DELAY binding.

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)