



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 5 YEARS**

**ROAD BIKE RACE SERIES Premium Summary:**

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

(All Participants and Volunteers must sign a waiver)

Event Premium: # of participant days \_\_\_\_\_ X \$4.80 = \$ \_\_\_\_\_ (\$1750 minimum)  
 (Minimum premium covers 365 participant days)

**PRACTICE DAYS** One day practice premiums will be charged for half of the event participants

Practice Day Premium: 1/2 of race participant days \_\_\_\_\_ X \$4.80 = \$ \_\_\_\_\_ PRACTICE DAY FEE

Volunteer Medical: # of Volunteers \_\_\_\_\_ X \$ .28 = \$ \_\_\_\_\_ (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)
- Hired & Non-Owned Auto Liability: \$ \_\_\_\_\_ Certificate Charge (from cert request page)  
 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.  
 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)