

# CALIFORNIA BICYCLE RACING

## Third Party Certificate of Insurance Request (rev. 6/02)

Please print when filling out this form.

Club Name \_\_\_\_\_ Name of Event \_\_\_\_\_

Organizer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Event Location \_\_\_\_\_

**Parties requesting to be listed as Additional Insured.** \*Relationship should describe what the party requesting insurance is. Examples could be landowner, government such as local, county, state, national, etc. of which five names will be insured for free. After listing five names, each additional name listed is \$50.00 per name.

**Insurance Surcharge: \$1.85/racer (road), \$2/racer (mountain, cyclocross, or bmx)**

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**This form must be accompanied with a copy of the CBR Race Permit Application**