



# Mounted Games Across America

## Additional Insured Certificate Request

*Please allow 14 days for processing of an Additional Insured Certificate request.*

### STEPS TO COMPLETE THIS FORM:

1. List all names of the owners of any properties you will hold an activity on during the calendar year. Landowners/Lessors not listed will NOT have coverage.
2. You must provide the names and full mailing addresses of each and their relationship (Landowner, Lessor, Facility).
3. Indicate the date(s) of your activities and a brief description (clinic, practices, competition, etc).
4. Include your check for the total – payable to MGAA. (# of locations/ additional insureds X \$20.00 each).
5. You will receive a certificate of insurance showing that MGAA carries liability coverage and the limits of coverage for each property listed, which qualifies for coverages.
6. Mail Additional Insured Certificate Requests Forms to:

**Sharon Brown, 15710 Union Chapel Road, Woodbine, MD 21797**

*This certificate covers MGAA members only for events at the location for one year. To include non-members contact Sharon Brown for insurance coverage quote for a one-time "public event (allow at least 14 days for a quotation).*

**I am requesting additional insured certificates for the following facility names and addresses.**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Usage: \_\_\_\_\_ Dates: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Usage: \_\_\_\_\_ Dates: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Usage: \_\_\_\_\_ Dates: \_\_\_\_\_

**TOTAL: Number of sites \_\_\_\_ \* \$20 = \_\_\_\_\_**

Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Hallmark Equine Insurance Agency, please return all certificates to:**

**Sharon Brown, 15710 Union Chapel Road, Woodbine, MD 21797**

Office Use Only: MGAA Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_