

HAWAIIAN CANOE RACING ASSOCIATION

INSURANCE RIDER REQUEST FORM

***Use this form to request a Certificate of Insurance for a special event (ie fundraiser) or for a new Certificate Holder/Additional Insured.*

Event Information:

Date:

Times:

Name of Event:

Location:

Estimated # of Participants:

Description of Event:

Our current policy provides for the following:

Insured:

HCRA, and its Members

Associations and their member clubs

New Certificate Holder(s):

Name:

Address:

Name:

Address:

Description of Operations:

Standard language: The certificate holder is named as an Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period.

Contact Information for Requesting Club:

Club:

Name:

Phone Number:

E-mail:

Any special requests: