

FLAT-COATED RETRIEVER SOCIETY OF AMERICA, INC. WC-WCX EVENT INSURANCE FORM

Your event will not be covered by the FCRSA insurance policy until this form has been processed and approved by the FCRSA Board. Please fill out the form below and return it (by email or USPS) to the FCRSA WC/WCX Administrator no later than 45 days prior to your WC-WCX event:

Leslie Phillips
FCRSA WC/WCX Administrator
lcphillips@aol.com
2800 Wynnree Ct
Hilliard, OH 43026

Once approved, insurance coverage will be issued. Use the back of the form or a separate sheet if you need more space for any of the items. Contact Leslie Phillips if you have any questions.

Date & Type of event _____

Local Club host _____

Address and location of property to be used

Please describe exact area of property to be used

Exact times and dates property will be used (including sufficient time for set-up and clean-up)

Full name and mailing address of property owner

Have you signed any contracts or lease agreements with the property owner?
YES _____ (or) NO _____ (If "YES", a copy of all contracts must be submitted with this form.)

Does property owner require proof of Club's insurance? YES _____ (or) NO _____

If "YES" will property owner accept a Certificate of Insurance (provides proof to property owner of our insurance coverage) or does he require an Additional Insured Endorsement (specifically adds his name to Society's policy for the exact test dates and times)? Which? (Check one):

Certificate of Insurance _____ Additional Insured Endorsement _____

Submitted by _____ Date _____

Position _____

Address _____

Phone _____ Fax _____

E-mail _____