

Event Insurance Application



REGION INFORMATION

Club: _____

Name: _____

Address: _____

City/ST/Zip: _____

Date of Event: _____ Number of Expected Cars: _____

Location of Event: _____

Check Event Type:

☐ Track Event ☐ Car Show ☐ Autocross ☐ Road Tour

* Has an agreement, contract, or permit been executed for the use of the event location? ☐ Yes ☐ No (If yes, please include a copy of the agreement.)

* Will there be paid spectator attendance? ☐ Yes ☐ No

* Will the chapter be selling food or beverage? ☐ Yes ☐ No

* Will alcohol be sold or distributed? ☐ Yes ☐ No (Note: This policy does not cover Liquor Liability for selling alcohol.)

Note: This is not an Automobile Liability Insurance policy. No coverage is provided for claims arising from the operation of automobiles or motorized vehicles. _____ (Initial)

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

CONTACT INFORMATION

Club Representative: _____

Email: _____

Daytime Phone: _____

Certificate Holders:

Will a certificate of insurance be required for a third party? ☐ Yes ☐ No

If "Yes", please list all additional insureds (with address) to be included on the certificates along with their business relationship to your club. (ie: land or building owner, sponsor, etc.)

Signature of Chapter/Region Representative

Date

Send completed and signed application to:

Mustang Club of America, Inc.

P.O. Box 3973
Suwanee, GA
30024

Email: mcaofficeadministrator@mustang.org

Agent for MCA:

Jones Birdsong Ins Division of
Specialty Program Group, LLC
600 Market St., Suite 210
Chanhassen, MN 55317