

**INTERCOLLEGIATE HORSE SHOW ASSOCIATION EVENT
INSURANCE REQUEST FORM**

FOR THE MONTH OF: _____ **ZONE:** _____ **REGION:** _____

SUBMITTED BY: _____ **Email Address:** _____
Name

Is this an IHSA sanctioned event? _____

Date(s) of Show (include all dates to be covered for this event): _____

of Days for this show: _____

Sponsoring School(s): _____

Name of Additional Insured/Mailing Address REQUIRED-(IF Address is not provided a certificate will not be issued)	Their Interest- REQUIRED [Landowner/Facility/Horse Provider/]- Please indicate all that apply
Name: Address: City, Zip:	
Name: Address: City, Zip:	
Name: Address: City, Zip:	
Name: Address: City, Zip:	
Name: Address: City, Zip:	

Please fax or email completed form to 303-614-6967 or info@equisure-inc.com

- **Please note Name and Complete Mailing address and Interest must be provided for all additional insureds.**