



## American Belgian Tervuren Club Event Insurance Request Form

This form **MUST** be used to obtain liability insurance coverage for **ABTC events** (e.g. shows, trials, matches, seminars) held in the name of the ABTC. ABTC insurance is only for liability coverage (no workman's comp) and covers both the hosting group's ABTC members and any other individuals assisting them. Forms must be submitted 10 days or more in advance of the date of your event(s) for EACH INSURED. If there is more than one insured, please submit all forms at the same time.

Return to Kathy Nelson ([image00@bellsouth.net](mailto:image00@bellsouth.net)) 505 Timbercrest Lane, Orange Park, FL 32003-8180

### About your club...

Requester's Name:

Requester's Email:

Hosting Club:

Club's Street Address:

Club's City:

Club's State:

Club's Zip Code:

Club's Phone#:

Club's Fax#:

Date Certificate is needed:

### Event Information

Event Start Date:

Event Stop Date:

Event Name: *This must read "ABTC ....." like "ABTC Obedience Trial" or "ABTC Conformation & Agility Trials." Your club's name must not appear in the event's name, nor may it appear in any premium list or advertising.*

Event Street Address:

Event City:

Event State:

Event Zip:

## About the Insured

*Certificates are normally sent to the facility/owner of the property*

Facility Owner's Name :

Event Zip Code:

Facility Owner's Street Address:

Facility Owner's City:

Facility Owner's State:

Facility Owner's Zip Code:

Facility Owner's Email:

Facility Owner's Fax#:

Additional Insured: YES NO If yes, fill out for each additional insured

### **Additionally Insured (you probably won't need this section)**

Additionally Insured's Name:

Additionally Insured's Street Address:

Additionally Insured's City:

Additional Insured's State:

Additionally Insured's Zip Code:

Additionally Insured's Email:

Additionally Insured's Fax#: