

REQUEST FOR CERTIFICATE OF INSURANCE

(Please complete for land/facility owners or
hosting school requiring certificates for club events)

Name of Club: Intercollegiate Dressage Association (IDA)

Club's Mailing Address: 29 Francis St., Rehoboth, MA 02769

Contact Name: Beth Beukema

Phone Number: 508-252-5700 Fax Number: 508-252-3027

Need No Later Than: _____ (Office Use Only): Date Received: _____

* Is this certificate for a permit? Yes No

CERTIFICATE HOLDER INFORMATION

Land/Facility Owner's Name or Hosting school: _____

(Please include any specific wording required by your contract with the land/facility owner/hosting school.)

Name of Event: _____

Date of Event: _____

Address Where Event Held:

Street: _____

City, State, Zip code: _____

Mailing Address of Land/Facility Owner/Hosting School:

Attn: _____

Street: _____

City, State, Zip code: _____

Fax Number: _____ Email: _____

Please check one of the following:

PROOF OF COVERAGE ONLY (Proof of coverage shows IDA is covered as an entity)

(Check here if your school is already separately insured – No coverage for school, **ONLY IDA is insured**)

ADD ADDITIONAL INSURED

(Check here if you desire coverage for your school added to the IDA policy.)

~ PLEASE REFER TO YOUR CONTRACT IN CHOOSING THE APPROPRIATE TYPE OF CERTIFICATE. ~

Please mail or fax request to the address below at least one month prior to event.

Beth Beukema
29 Francis St.
Rehoboth, MA 02769
508-252-5700
bbeukema@jwu.edu

- USE SEPARATE FORM FOR EACH ADDITIONAL INSURED -