

WVMB
Mountain Bike Racing 10.15.09-10.15.10



McKay Insurance Agency, Inc.
PO BOX 151
106 East Main Street
Knoxville, IA 50138
P • 800.942.0283
F • 641.828.2013

Date _____ Company/Club _____
Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____ Fax _____
Email _____ Website _____

● **MOUNTAIN BIKE RACE Premium Summary:**

Race Name	Date(s) of Event	# of participants expected per day

(All Participants must sign a waiver)

_____ Participant days X \$3.35 (\$100 minimum premium) EVENT(S) PREMIUM: \$ _____
per event (\$100 min)

CHECKLIST NOTE: Application *cannot* be processed until all of this information is received

APPLICATION WAIVER BROCHURE OR FLYER ADDITIONAL INSURED(S)
(optional)

Additional Insured Name _____
Address _____
Relationship _____

Additional Insured Name _____
Address _____
Relationship _____

Additional Insured Name _____
Address _____
Relationship _____

Application must be received at WVMB 14 days prior to the event

Send To: WVMB
PO BOX 666
Davis, WV 26260

Applicant Signature _____ (Signature required regardless of payment)