

**Certificate Request Form for United States Hunter Jumper Association
USHJA-1**

1. Certificate Holder Name:

Complete Mailing Address for Certificate Holder:

Circle Relationship of Certificate Holder if Applicable: Landlord Facility Landowner
Equipment Lessor Sponsor

Please circle only one: Proof Only (*no coverage is extended to certificate holder*)

Additional Insured (*coverage is extended to certificate holder*)

Name & Date of Event:

Type of Event: (Clinics, Show, Meeting) _____

2. Certificate Holder Name:

Complete Mailing Address for Certificate Holder:

Circle Relationship of Certificate Holder if Applicable: Landlord Facility Landowner
Equipment Lessor Sponsor

Please circle only one: Proof Only (*no coverage is extended to certificate holder*)

Additional Insured (*coverage is extended to certificate holder*)

Name & Date of Event:

Type of Event: (Clinics, Show, Meeting) _____

Name of person completing this form: _____

Sign _____ Date _____ Membership # _____

PLEASE FAX THIS REQUEST TO USHJA 859-258-9033

Insurance questions can be directed to:
Equisure, Inc Attn: Jennifer Jaynes
13790 E Rice Place, Ste 100
Aurora, CO 80015

Phone: 800-752-2472 Fax: 303-614-6967 Email: jenniferj@equisure-inc.com

**Incomplete Forms will not be accepted*