



USA CYCLING

NON-OWNED/HIRED MOTORCYCLE LIABILITY APPLICATION

Complete and submit this form if you would like USA Cycling insurance coverage for your motorcycles at your USA Cycling sanctioned event. **ONLY MOTORCYCLES AND DRIVERS LISTED ON THIS APPLICATION WILL BE COVERED BY USA CYCLING'S INSURANCE.**

Event Name: _____ Event Date: _____

Event Location: City _____ State _____ Authorized USA Cycling Member: _____

Event Organizer: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Coverages:

- Automobile Liability = \$1,000,000 Excess Limit
- Coverage is per motorcycle/driver, per event (up to 10 **consecutive** racing days).
- Coverage period is the term of the event on the permit and applies only while officiating or marshaling during the race at the specific event.
- Coverage is not provided for State Financial Responsibility.
- Motorcycle must have primary insurance for road use and drivers must be properly licensed to drive motorcycles.
- Non-owned/hired supplemental liability insurance is in excess of primary insurance policy.
- The owner of the vehicle will be covered only if he or she has primary liability insurance and is an official or marshal driving the vehicle during the race at the specific event.
- **All drivers must sign the attached Consent to Procurement of Consumer Report and be approved as drivers.**

FEE: \$100.00 x (# of motorcycles/drivers for first 5 motorcycles/drivers) = \$ _____
 \$50.00 x (# of motorcycles/drivers after first 5 motorcycles/drivers) = \$ _____
TOTAL = \$ _____

Check Money Order VISA MASTERCARD

Cardholder Name _____ Cardholder Signature _____

Card Number _/ _/ _/ - _/ _/ _/ - _/ _/ _/ - _/ _/ _/ Exp Date _/ _/

Cardholder Address _____ City _____ State _____ Zip _____

Motorcycle/Driver 1:

Year: _____ Make: _____ Model: _____ VIN #: _____ Auto Insurer _____

Driver's Full Name	DOB	State	License #:	Valid for Motorcycle?	Insurer Limits	Policy Dates
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____ - _____

Motorcycle/Driver 2:

Year: _____ Make: _____ Model: _____ VIN #: _____ Auto Insurer _____

Driver's Full Name	DOB	State	License #:	Valid for Motorcycle?	Insurer Limits	Policy Dates
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____ - _____

Motorcycle/Driver 3:

Year: _____ Make: _____ Model: _____ VIN #: _____ Auto Insurer _____

Driver's Full Name	DOB	State	License #:	Valid for Motorcycle?	Insurer Limits	Policy Dates
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____ - _____

Signed: _____ **Date:** _____

NOTE: NO REFUNDS WILL BE ISSUED UNLESS EVENT IS CANCELLED OR APPLICATION IS DENIED. APPLICATION MUST BE RECEIVED NO LATER THAN 2 BUSINESS DAYS PRIOR TO THE DATE THE CERTIFICATE IS NEEDED BY THE PROMOTER. REQUESTS RECEIVED THE DAY PRIOR TO OR ANYTIME AFTER THE EVENT WILL NOT BE HONORED. APPLICATION FOR DRIVERS MAY BE DECLINED BASED ON DRIVING RECORD.

**Disclosure Under Fair Credit Report Act
And Consent to Procurement of Consumer Report
For Driver Screening Purposes**

Regarding:

Applicant Name: _____
Current Address Street: _____
Current Address State: _____
Date of Birth: _____
Drivers License #: _____
Issuing State of License : _____

The undersigned here by authorizes USA Cycling, Inc., or its insurance agency, Hibbs, Rogal, and Hobbs Company or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for driver authorization purposes, and for use in rating and/or underwriting insurance for which the above-named company may apply, and renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

This authorization expires 30 days from the date stated below:

Signature of Prospective Driver: _____ Date: _____
Printed Name of Prospective Driver: _____ Date: _____

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The following section will be destroyed once the background check is completed. This information will not be maintained by USA Cycling.

Social Security Number: _____