



# NON-OWNED/HIRED MOTORCYCLE LIABILITY APPLICATION

Complete and submit this form if you would like USA Cycling insurance coverage for 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 Permit # \_\_\_\_\_  
Event Location: City \_\_\_\_\_ State \_\_\_\_\_ Authorized USA Cycling Member: \_\_\_\_\_  
Event Organizer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Coverages:

- Motorcycle Liability = \$1,000,000 Excess Limit
- Coverage is per motorcycle/driver, per event (up to 10 **consecutive** racing days). Each event within a permitted series is considered a separate event and requires a separate application.
- 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 be 19 years of age or older, sign the attached Authorization to Conduct a Motor Vehicle Report, and be approved as drivers.**

**FEE:** \$100.00 x (# of drivers for first 5 drivers) = \$ \_\_\_\_\_  
\$50.00 x (# of drivers after first 5 drivers) = \$ \_\_\_\_\_  
**TOTAL = \$ \_\_\_\_\_**

Check  Money Order  VISA  MASTERCARD

**No Refunds No Exceptions**

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  No

**Motorcycle/Driver 2:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ Auto Insurer \_\_\_\_\_  
Driver's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License #: \_\_\_\_\_ Valid for Motorcycle? \_\_\_\_\_ Insurer Limits \_\_\_\_\_ Policy Dates \_\_\_\_\_  
Yes  No

**Motorcycle/Driver 3:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN #: \_\_\_\_\_ Auto Insurer \_\_\_\_\_  
Driver's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_ License #: \_\_\_\_\_ Valid for Motorcycle? \_\_\_\_\_ Insurer Limits \_\_\_\_\_ Policy Dates \_\_\_\_\_  
Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: NO REFUNDS WILL BE ISSUED UNLESS EVENT IS CANCELLED OR APPLICATION IS DENIED. APPLICATION MUST BE RECEIVED NO LATER THAN 7 BUSINESS DAYS PRIOR TO THE DATE THE CERTIFICATE IS NEEDED BY THE PROMOTER OR THE DATE OF THE EVENT, WHICHEVER IS EARLIER. REQUESTS RECEIVED AFTER THIS TIME CANNOT BE GUARANTEED OR ANYTIME AFTER THE EVENT WILL NOT BE HONORED. APPLICATION FOR DRIVERS MAY BE DECLINED BASED ON DRIVING RECORD.**

**NO REFUNDS NO EXCEPTIONS**



## AUTHORIZATION TO CONDUCT A MOTOR VEHICLE REPORT FOR DRIVER SCREENING PURPOSES

Please print clearly and legibly.

Event Name: \_\_\_\_\_

Applicant's Full Legal Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Issuing State of License: \_\_\_\_\_

The undersigned hereby authorizes USA Cycling, Inc. to obtain a motor vehicle report pertaining to me for driver authorization purposes. In addition, the undersigned hereby authorizes USA Cycling's insurance agency, Willis HRH or its assigns, to obtain a motor vehicle report pertaining to me 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 motor vehicle report, 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: \_\_\_\_\_

\*\* Original signature required. We are unable to accept an electronic signature.

Printed Name of Prospective Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Yes  No May USA Cycling contact you to drive at other USAC-sanctioned events?

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This authorization is pursuant to the terms and provisions for disclosure under the Fair Credit Report Act. **This form must be received no later than seven business days prior to the date the certificate is needed by the promoter or the date of the event, whichever is earlier.**