

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)