



ADDITIONAL INSUREDS

FORM MUST BE FULLY COMPLETED TO BE CONSIDERED.

Mail or fax completed form six weeks prior to event to:

Harley-Davidson Insurance
222 W. Adams, Suite 2000
Chicago, IL 60606-5312

FAX: 800-699-2142 • **PHONE:** 888-690-5600 • **EMAIL:** *dealershipinsurance@hdfsi.com*

Chapter Name: Indianapolis Chapter No. 1 Chapter #: 1238

Contact Name/Officer Position: _____

Contact Address: _____

Officer Position/Title: _____

Fax: _____ Phone/Day: _____ Phone/Evening: _____

E-mail Address: _____

Part 1. Additional Insured(s) (A1) – \$100 additional premium per additional insured.

Attach a copy of any contracts held with each additional insured.

A1 Name	A1 Address	Reason for Requesting Coverage

TOTAL AMOUNT DUE \$: _____

DO NOT INCLUDE payment with this application.
You will be billed by Harley-Davidson Insurance for the amount due.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

(Signature of Authorized State Rally Representative)

(Title)

(Date)