

BACK COUNTRY HORSEMEN OF IDAHO

Chapter _____ Contact _____ Email/Phone _____

Complete and submit to the Insurance Coordinator IF an Additional Insured is Required for any Event

Date	Name of Additional Insured	Address of Additional Insured	Any Special Wording

Please email or snail mail this form to the State Insurance Coordinator along with your Public Events Form by February 15th each year or 30 days prior to the event date IF you need an Additional Insureds: Bill Conger

7285 Mustang Ln

Emmett, ID 83617

Email: insurance-coordinator@bchi.org