

BACK COUNTRY HORSEMEN OF IDAHO

Chapter _____ Contact _____ Email/Phone _____

Complete and submit to the Insurance Coordinator only 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 ONLY IF you need an Additional Insureds:

Corey L Dwinell
841 N Boulder ct #A
Post Falls ID 83854
208-661-4265
Email: insurance-coordinator@bchi.org