



Additional Insureds

Form must be fully completed to be considered.

**MAIL OR FAX COMPLETED FORM
6 WEEKS PRIOR TO EVENT**

to

Harley-Davidson Insurance

222 W. Adams, Suite 2000

Chicago, IL 60606-5312

FAX: 312-368-9548 Phone: 888-690-5600



Chapter Name: _____ Chapter Number: _____

Contact Name/Officer Position: _____

Contact Address: _____

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

E-mail Address: _____

Part 1. Additional Insured(s) (AI) - \$100 additional premium per additional insured. **Attach a copy of any contracts held with each additional insured.**

AI Name	AI 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 Chapter Representative

Title

Date