



PARADE FLOAT/EQUESTRIAN/VEHICLE INSURANCE INFO

Please complete the insurance information requested below and submit a copy of Certificate of Insurance reflective of the provided example as additionally insured. disABILITYsa must receive the certificate by September 26th. If certificate is not received by the due date, participant will forfeit their parade position and fees.

NOTE: for insurance purposes, motorized vehicles, such as Golf Carts, ATVs and 4-Wheelers are not permitted on the parade route.

FLOATS: Complete Sections A, B, and C.

EQUESTRIAN: Complete sections A, B, and D.

VEHICLES: Complete sections A and B.

SECTION A:

Name of Organization: _____

Contact Person (Parade Day): _____ Cell # _____

SECTION B:

Mark here if vehicle is for towing only

Driver: (Parade Day): _____ Cell # _____

Insurance Company: _____ Policy # _____

Unit Operator/Driver: _____

Operator License #: _____ License Expiration Date _____

IMPORTANT: Please ensure that Certificate of Insurance and Driver's License are current and valid.

SECTION C:

Float Builder: _____

Float Builder Contact: _____ Email _____

Float Location: _____

Float Dimensions: Length _____ Width _____ Motorized _____

Towed by: _____

SECTION D:

Owner: _____

Location: _____

SUBMIT FORM TO:

disABILITYsa

P.O. Box 28243, San Antonio TX 78228

Phone 210-704-7262 | Fax 866-461-5481

E-Mail: abilitystrong@disabilitysa.org