



## 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 October 12<sup>th</sup>. 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: FLOATS, EQUESTRIANS, AND VEHICLES

Name of Organization: \_\_\_\_\_

Contact Person (Parade Day): \_\_\_\_\_ Cell # \_\_\_\_\_

### SECTION B: FOR VEHICLES

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: FLOATS

Float Builder: \_\_\_\_\_

Float Builder Contact: \_\_\_\_\_ Email \_\_\_\_\_

Float Location: \_\_\_\_\_

Float Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Motorized \_\_\_\_\_

Towed by: \_\_\_\_\_

## SECTION D: FLOATS

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](mailto:abilitystrong@disabilitysa.org)