



Amateur Trapshooting Association

1105 E Broadway; P.O. Box 519

Sparta, IL 62286

Phone: 618-449-2224 Fax: 866-454-5198



Golf/ Utility Cart Registration Form And Permit Usage Agreement

Revised 01/08/2013

TO BE COMPLETED AND SIGNED BY ATA MEMBER/PERMIT HOLDER, ONLY

ATA Member _____ (Permittee) ATA No. _____ Lot # _____
PRINT NAME WSRC

Mailing Address _____
STREET CITY STATE ZIP

Driver's License # _____
EXPIRATION DATE STATE OF ISSUE

Contact #'s _____
TELEPHONE NO. Cell No. EMAIL ADDRESS

Golf/Utility Cart:
Information MFG. COLOR NUMBER OF PASS SEATS OTHER DISTINGUISHING FEATURES

Insurance Information: Attached Y or N
CERTIFICATE OF INS. POLICY NO. EXP. DATE NAME OF INSURER

CERTIFICATE OF INSURANCE (COI) PROPERLY EXECUTED BY INSURER/INSURER'S AGENT MUST BE ATTACHED HERETO
****You must maintain insurance limits of \$500,000., combine single limits (CSL) - refer to sample COI**

RULES & REGULATIONS FOR GOLF/UTILITY CART USAGE BY ATA MEMBERS AT WSRC

- The ATA and IDNR direct that you observe all safety rules while operating your cart at WSRC.
- An identifying sticker will be issued, and must be affixed, to indicate that you are properly registered.
- There is **NO** cart travel permitted on **Cardinal Road**- You may cross, only, at the designated intersections.
- There is **NO** cart travel on any **pedestrian sidewalk** – You may cross, only, at appropriate intersections.
- There is **NO** cart travel in front (grass or sidewalk) of **Building Vendor Row or Stadium Area**.
- There is **NO** cart travel directly in front of **Tent Vendors** so as to obscure their signs or pedestrian traffic.
- Pedestrians and vehicles have the right-of-way...yield when you are in traffic and be courteous.
- Observe all signage and read the **Event Program Guide** for additional rules and requirements.
- There will be no racing or other unsafe operating practices while driving your (or any) cart(s).
- If you anticipate operating your cart after dark, you must use lights (fixed or portable) & reflectors.
- You must be 18 yrs. of age or older to register your cart and 16yrs of age or older to operate one.
- All cart operators must possess a valid state issued driver's license. Learner's permits will not suffice.
- You must follow the directions of all premises security personnel and/ or any ATA Official.
- Violators will be given one (1) warning only. Thereafter, all cart privileges will be revoked.

HOLD HARMLESS AND INDEMNIFICATION PROVISIONS THE Permittee (ATA Member), on Behalf of himself/herself and any permissive user, knowingly and willingly covenants and agrees to hold harmless, indemnify and defend the ATA and the State of Illinois and any of its officers, directors, appointees, volunteers, agents, employees, and representatives of any description (hereinafter Indemnified Parties) from and against any and all claims, demands, actions or causes of action for damages or expenses of any kind or nature, including legal fees and related expenses, whatsoever, whether caused or alleged to have been caused, in part, by any Indemnified Party(ies) hereunder, in connection with or arising out of any damage to any real or personal property or personal injury, including death, to any person(s) caused, or alleged to have been caused, in whole or in part by any act or omission of Permittee, including any permissive user, while operating the referenced cart on the premises of the WSRC. The Hold Harmless and Indemnification Provisions shall survive the earlier termination of this agreement, for whatever cause or reason.

For and in consideration of the PRIVILEGE to operate my personal cart on the WSRC premises, I have read this **REGISTRATION FORM AND PERMIT USAGE AGREEMENT**, including the **HOLD HARMLESS AND INDEMNIFICATION PROVISIONS**, and fully understand its terms and conditions and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me.

BY: _____ (Signature) _____ (Dated)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2012

PRODUCER (618) 443-2352

Your Insurance Agent

P.O. Box 1

101 N. St Louis St

His Town IL 99887-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Jon Doe

P.O. Box 12345

101 N Main St.

Anywhere IL 77556-

INSURER A: Your Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
				/ /	/ /	MED EXP (Any one person)	\$
				/ /	/ /	PERSONAL & ADV INJURY	\$
				/ /	/ /	GENERAL AGGREGATE	\$
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ABC12345	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
				/ /	/ /	BODILY INJURY (Per person)	\$
				/ /	/ /	BODILY INJURY (Per accident)	\$
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
				/ /	/ /	OTHER THAN EA ACC	\$
				/ /	/ /	AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	AGGREGATE	\$
				/ /	/ /		\$
				/ /	/ /		\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	WC STATU-TORY LIMITS	OTH-ER
				/ /	/ /	E.L. EACH ACCIDENT	\$
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
		OTHER		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

2008 Golf cart (year, make & Model)

CERTIFICATE HOLDER

 (618) 449-2224 (866) 454-5198 Fax
 Amateur Trapshooting Asc.

P.O. Box 519

1105 East Broadway St

Sparta IL 62286-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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DATE (MM/DD/YYYY)

07/10/2012

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INSURED
 Jon Doe
 P.O. Box 12345
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
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	OTHER		/ /	/ /	

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