

# North Carolina Trapshooting Homegrounds

823 Gun Club Road  
Bostic, North Carolina 28018

## Golf/Utility Cart Registration Form And Permit Usage Agreement

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

ATA Member \_\_\_\_\_ ATA Number \_\_\_\_\_ Lot # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_

Contact: Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Golf Cart Manufacturer \_\_\_\_\_ Color \_\_\_\_\_ # of Passenger Seats \_\_\_\_\_

Other Distinguishing Features \_\_\_\_\_

Insurance Information Attached Y N

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Name of insured \_\_\_\_\_

CERTIFICATE OF INSURANCE 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 AND REGULATION FOR GOLF/UTILITY CART USAGE BY ATA MEMBER AT NCTH

- The NCTA and the NCTHOF direct that you observe all safety rules while operating your cart at NCTH.
- The identifying placard will be issued and must be displayed on your cart to indicate you are properly registered.
- Pedestrians and vehicle have the right-of-way ... yield and be courteous.
- 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 16 yrs old 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 personnel ATA, NCTA and/or NCTHOF Official.
- Violators will be given one (1) warning only. Thereafter, all cart privileges will be revoked.

### HOLD HARMLESS AND INDEMNIFICATION PROVISIONS

The Permittee (ATAMember), on behalf of himself/herself and any permissive user, knowingly and willingly covenants and agrees to hold harmless, indemnify and defend the ATA, NCTA and NCTHOF 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 NCTH. 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 NCTH 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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Your Insurance Agent<br>Street Address<br>City, State Zip code | <b>CONTACT</b><br>NAME:<br>PHONE (A/C, No, Ext):<br>E-MAIL:<br>ADDRESS:<br>FAX (A/C, No):   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
|---|---|-------------------------------|--------|------------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>John Doe<br>P. O. Box 1234<br>Anywhere, NC 28000                | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Your Insurance Company</td><td></td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Your Insurance Company |  | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER A : Your Insurance Company  |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |
| INSURER F :   |   |                               |        |                                    |  |             |  |             |  |             |  |             |  |             |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| X        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | ABC1234       | 09/01/2017              | 09/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                            |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | WC STATUS/LIMITS<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Golf Cart ( year, make and model)

**CERTIFICATE HOLDER**

North Carolina Trapshooters Hall of Fame  
823 Gun Club Road  
Bostic, NC 28018  
828-429-1863

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE