

License application Skikjöring 2025

Name:		First name:	· <u> </u>		
Street:				🗌 female	
Zip Code:		City:			
Tel. home:		Tel. mobile:			
Date of Birth:		E-Mail:			
Nationality:		_ Racing Club:			
Either by the We confirm t Swiss Accide in training, su Insurance Co	nt Insurance Act (UVG) for 1 ch as races), (working hour ompany:	ve has a non-terminated po non-occupational accidents s: at least 8 hours per week). F	s (including insu Policy No	nd is insured in accordance with the urance coverage as a Skikjöringdriver,	
Date:	Date: Stamp and signature of employer or insurance company:				
 or, if there is no company accident insurance in place, provided by private insurance company: We confirm that the above-named person has taken out an accident insurance policy or has an individual accident insurance policy with the following minimum benefits: Medical expenses (doctor, medicine, hospital) worldwide Disability, minimum costs CHF 200'000.00 (CHF 400'000.00 is recommended) linear, without consideration of a progression. Policy No. 					
Date:	Date: Stamp and signature of the insurer:				
Confirmation of p • We confirm t	Dersonal liability insurance: hat the above-named pers 00'000.00 (CHF 10'000'000	on has a personal liability ins		ing risk of equestrian events) of at	
Policy No		Sum insure	ed:	CHF	
Validity of the Date:	e insurance confirmation:	from Stamp and signature of the		to	
I confirm that the				with the Special Regulations Skikjöring dix XXI and the Special Regulations for	
Date:		Signature of the license app	licant:		
Please be aware th	nat this is not an official and pub	ubmitted to the President of the S blished document. The Rennvere		ssion latest February 1 ³⁷ , 2025. ot assume responsibility on the English	
version of license a	pplication. pplication Skikjöring 2025 in Gerr	man is official and published			