

CERTIFICATE OF INSURANCE REQUEST FROM

Date of Application:

Sponsoring Region, Division, 100% Club or NMRA Sanctioned SIG Group:
(Certificate Holder)

Address to Send Certificate:

Region President, Division Supt., 100% Club President, or NMRA SIG Chairperson:

Name:

Address:

Phone & Email

NAME AND TITLE OF PERSON SUBMITTING FORM:

Do you certify that the sponsoring organization is 100% NMRA membership **Yes** **No**

Are you incorporated? Yes__ No__ If yes what is your class?

Signature of Above:

Event Date(s):

Event Location (Address):

Description of Event:

Owner of Event Location: (Name & Address if different from above)

Will Owner of Location Require Specific Mention (by Name) on Policy Certificate?

YES

NO

COVERAGE WILL APPLY ONLY FOR AN APPROVED EVENT LISTED ON THIS FORM, AND ONLY IN TERMS EXPRESSED ON HOLDER'S CERTIFICATE OF INSURANCE.

Approved:

Date:

Denied:

Date:

Note: 100% Clubs must submit the following: application, club roster, list of officers, bylaws/constitution or other organizing documents, and general itinerary of events. An annual \$50.00 Administration Fee and if specific-mention is required include an additional fee of \$25.00. Allow 30 days in advance of event for processing.