

Application for NMRA Insurance Program

Please print all information. Make checks payable to J. A. BASH & COMPANY and mail with this completed application to:

J.A. Bash & Company, 300 Mt. Lebanon Boulevard, Suite 225, Pittsburgh, PA 15234-1509

Member name _____ NMRA# _____

Address _____

A. Blanket Coverage

*Limit \$ _____ x .0075 = \$ _____ Blanket Coverage Premium

B. Inventory Coverage Please Submit Schedule

*Limit \$ _____ x .0060 = \$ _____ Inventory Coverage Premium

C. Layout Coverage (Excluding rolling stock)

*Limit \$ _____ x .0060 = \$ _____ Layout Coverage Premium

A+B+C (\$100 Minimum) \$ _____ + **\$10.00 NMRA Fee** = \$ _____ Total Premium and NMRA Fee

Premium savings may be available if you accept a higher deductible or have an acceptable security system. Call or write for details.

Policy is effective upon receipt of application, payment and approval by Peerless Insurance.