NMRA APPLICATION FORM FOR CERTIFICATE OF INSURANCE

Date of Application:

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

Address to Send Certificate:
(If needed for event)

Name and address of Region Trustee, President, Division Supt., 100% Club President, NMRA SIG Chairperson:

Telephone Number of Above: (W) (H)

Do you certify that the sponsoring organization is 100% NMRA membership? _____Yes _____No

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 an annual $50.00 Administration Fee and provide current Club Roster. If Specific mention certificate is required submit an additional $10.00. Allow 30 days in advance of event for processing.