

CERTIFICATE OF INSURANCE REQUEST FORM

Date of Application:

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

Address to Send Certificate:

Name, Address, Phone & Email of Region President, Division Supt., 100% Club President,
or NMRA SIG Chairperson:

NAME AND TITLE OF PERSON SUBMITTING FORM:

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. Any NMRA entity requiring a specific-mention Certificate of Insurance must submit a fee of \$10.00. Allow 30 days in advance of event for processing.