



CFDA - NRA Endorsed Insurance Program
Club Home Range - Additionally Insured Application

*Available Only to CFDA Affiliated Clubs participating in the
CFDA - NRA Endorsed Insurance Program*

Name of Club: _____
Club Contact Name: _____ Email: _____
Club Contact Phone: _____ Fax # _____
Address: _____
City: _____ State: _____ Zip: _____
Check One: ___ Eastern CFD Region / ___ Mountain Central CFD Region / ___ Western CFD Region
How would you like to receive the certificate when issued? ___ Email / ___ Mailed / ___ Faxed

Additional Insured Information

Name of Additionally Insured: _____
Physical Address of Additionally Insured: _____
City: _____ State: _____ Zip: _____
Mailing Address of Additional Insured: (If different from Location)
Address: _____ City: _____
State: _____ Zip: _____

Regularly Scheduled Club Matches and Practice Dates:

(Clubs MUST provide regularly scheduled days or dates)(i.e. Every Monday and 3rd Saturday each month)

Fees: One Club "Home Range" is included in base Insurance Fee, clubs can add one additional "Home Range" location for \$40 per year. **Dates may be changed or added at no additional fee at a later date.**

Signature

Date

Please submit to: CFDA – P.O. Box 5 – Fernley, NV 89408

Phone: 775-575-1802

Fax: 775-575-5748

Email: info@cowboyfastdraw.com

Credit Card: _____ # _____ Ex Date: ____/____

(Visa, Master Card or Discovery)

Security Code: _____

(3 Digits on right on back)