CFDA - NRA Endorsed Insurance Program

Special Event - 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

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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: _____

Event Dates: (Must Provide All Dates for Special Events)

Reoccurring Location? YES____ NO ____

_____

_____

Notes: Please Include $40 with each application. Fee covers this location for the entire one-year policy period on the specified dates. **Dates may be 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)