Additionally Insured Application

Available Only to CFDA Affiliated Clubs participating in the CFDA/NRA Liability Insurance Program Please Check Sections 5 &6 in the Affiliation Agreement to Verify Compliance

Please Submit For 2nd Home Ranges or Matches or Special Events - Held in Locations Other Than Home Ranges. Available for Download at www.CowboyFastDraw.com

Name of Club:					
		Email:			
Contact Phone:		Address:			
City:			State:	Zip:	
				Western CFD Region	
If you don't know w	what Regional Policy y	you are with, leave uı	n-checked and CFD	OA will mark it for you!	
How would you	like to receive the cer	rtificate when issued	? Email /	Mailed / Faxed	
	(Addit	tionally Insured Info	rmation)		
Name of Additionally	•				
Physical Location Ad	dress:				
City:		St	ate:	Zip:	
		City:	State	e: Zip:	
		Event Dates Request	<u>ed)</u>		
Please Allow for 14	Days to Process A	dditionally Insur	ed Certificate Fee Waived for CF	FEE: \$40.00 DA Titled Championships	
Please Submit Forms	& Fees to: CFDA - P	O. Box 5 – Fernley, I	NV 89408	Phone: 775-575-1802	
Amount: \$	(OR) FAX: 77	'5-575-5748 (OR)	Email: info@	cowboyfastdraw.com	
Check	Credit Card (If us	ing a credit/debit car	rd, please fill out th	he information below)	
Nar	me on Credit Card:				
Credit Card:	#			_ Ex Date:/	
	Security C	Code: (3 or 4 d	ligits if Amex)		