2024 Additionally Insured Application

(For Policy Period of February 10th, 2024 to February 10th, 2025) 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

Matches	Please Subn or Special Events - 1 Available for Down		ations Other	r Than Hor	e
Name of Club:					
Club Contact Na	me:		Email:		
Contact Phone: _		Address:	/		
City:			St	ate:	Zip:
Check One:	_Eastern CFD Region / _	Mountain Ce	entral CFD Reg	;ion /W	estern CFD Region
If you don't k	now what Regional Policy	you are with, lea	ve un-checked a	ınd CFDA wil	l mark it for you!
How woul	d you like to receive the ce	rtificate when ise	sued? Emai	il / Maile	ed / Faxed
	(Addi	tionally Insured	Information)		
Name of Additi	ionally Insured (Property C	Jwner):			
Physical Location	on Address:				
City:			State:	Zip:_	
	Address of Additional Ins				
Address:		City:		State:	Zip:
		(Event Dates Reg	•		
Please Allow for	or 14 Days to Process A	Additionally Ir	isured Certif	icate	FEE: <u>\$40.00</u>
			Fee Waive	<u>d for CFDA Ti</u>	<u>itled Championships</u>
Please Submit F	Forms & Fees to: CFDA – F	2.O. Box 5 – Fern	ley, NV 89408	Phor	ne: 775-575-1802
Amount: \$	(OR) FAX: 77	75-575-5748 ((OR) Emai	il: info@cowb	ooyfastdraw.com
Check	Credit Card (If us	sing a credit/deb	it card, please f	ill out the info	ormation below)
	Name on Credit Card: _				
Credit Card:	#			Ex I	Date:/

Credit Card: _____

Security Code: _____ (3 or 4 digits if Amex)