



Insurance Request Application

Date: _____

Name of Policy Holder: Northwest Barrel Racing Association (NWBRA)

REQUESTING ORGANIZATION INFORMATION

Name of Organization: _____

Person Representing Organization: _____

Email: _____

Phone: _____ Fax: _____

EVENT SPECIFICS

Venue or Arena Name: _____

Location City/State: _____

Description of Event: _____

Event Date(s): _____

INSURANCE REQUIREMENTS

Need Proof of Insurance Only: Yes No

Additional Named Insured Required (additional costs apply): Yes No

If yes, please list Additional Named Insured Info:

Name(s) to be Listed on the Certificate: _____

Address of Additional Named Insured: _____

Date Certificate Needed By: _____

Certificate Emailed To: _____

SIGNATURE OF REQUESTING REPRESENTATIVE

DATE