

To: U.S.D.A. National Insurance Coordinator P.O. Box 417 Stephens, GA 30667	
	Date

FEDERATION OR ASSOCIATION CLUB LISTING

From	Name of Federation				
	Name of Association				
	Name of Insurance Chairman				
	Address of Insurance Chairman	City	State	Zip	
	Phone Number	E-Mail			

	Club Name	Numbers of Members		
	Mailing Address			
	City	ST	Zip	
	Club Contact Info: Phone	Email		

1.	Facility Being Used			
	Street Address			
	City	ST	Zip	
	Date(s) of Function			
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

2.	Facility Being Used			
	Street Address			
	City	ST	Zip	
	Date(s) of Function			
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

3.	Facility Being Used			
	Street Address			
	City	ST	Zip	
	Date(s) of Function			
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

4.	Facility Being Used			
	Street Address			
	City	ST	Zip	
	Date(s) of Function			
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN TRIPLICATE TO YOUR INSURANCE CHAIRMAN
Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman