

To: U.S.D.A. National Insurance Coordinator P.O. Box 22 Tucker, GA30085-0022		
		Date

**FEDERATION OR ASSOCIATION CLUB LISTING**

<b>From</b>	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				

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

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

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

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<b>4.</b>	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