

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