

To: U.S.D.A. National Insurance Coordinator
 P.O. Box 22
 Tucker, GA 30085-0022

Date

FEDERATION OR ASSOCIATION CLUB LISTING

From	Name of Association or Federation			
	Name of Insurance Chairman			
	Address of Insurance Chairman			
	City		State	
	Zip			
	Phone Number			

1.	Club Name			
	Mailing Address			
	City		ST	
	Zip			
	Number of Members			
	Date(s) of Function			

1.	Facility Being Used			
	Street Address			
	City		ST	
	Zip			
	Name as Additional Insured			
	Street Address			
	City		ST	
	Zip			

2.	Club Name			
	Mailing Address			
	City		ST	
	Zip			
	Number of Members			
	Date(s) of Function			

2.	Facility Being Used			
	Street Address			
	City		ST	
	Zip			
	Name as Additional Insured			
	Street Address			
	City		ST	
	Zip			

3.	Club Name			
	Mailing Address			
	City		ST	
	Zip			
	Number of Members			
	Date(s) of Function			

3.	Facility Being Used			
	Street Address			
	City		ST	
	Zip			
	Name as Additional Insured			
	Street Address			
	City		ST	
	Zip			

4.	Club Name			
	Mailing Address			
	City		ST	
	Zip			
	Number of Members			
	Date(s) of Function			

4.	Facility Being Used			
	Street Address			
	City		ST	
	Zip			
	Name as Additional Insured			
	Street Address			
	City		ST	
	Zip			

IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN DUPLICATE TO YOUR INSURANCE CHAIRMAN

Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman