

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

FEDERATION OR ASSOCIATION CLUB LISTING

From	Name of State Affiliation												
	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 TO YOUR INSURANCE CHAIRMAN
Print Three (3) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 1 – for USDA Insurance Chairman