



IGRA Chapters Club Coverage Application

Name of Insured: _____

Location/Address: _____

City/State/Zip: _____

Contact Person: _____ Phone: _____

Fax: _____

Email: _____

Do you own or rent any premises?

Address: _____ Square Footage: _____

Number of Club Members: _____

Completely describe all activities/fund raisers planned for the year - Attach separate sheet if needed. Please include dates and locations.

Is there any alcohol sold or served on premises? Yes No

If alcohol is sold, is a separate vendor used? Yes No

Has the Chapter had any claims during the last 5 years? Yes No

Applicant's Signature: _____

Email Address: _____ Phone Number: _____

Date: _____

Return completed application with check for \$250 to:

*Western Specialty Insurers, LLC
1116 Remington Plaza, Suite C Raymore, MO 64083
(888) 866-3550 Fax: (816) 623-5982*

www.rodeoins.com