

Must be submitted 30 days before Certificate is needed

Circus Model Builders Application for Certificate of Insurance

ALL PARTICIPANTS MUST BE A CURRENT CIRCUS MODEL BUILDER MEMBER

Dates of Show: ___/___/___ to ___/___/___

Date Certificate required: ___/___/___

Date of application ___/___/___

Sponsoring Group: Lot or Ring

Name & Address to send Certificate (Usually location of show or event --- NOT CMB MEMBER'S NAME)

Attn: _____

e-mail: _____ @ _____

Show Location (If different than above)

Description of CMB Show

Does owner of location request to be listed as an "Additional Insured"? YES NO

If YES, a fee of an additional \$100.00 per organization named will be charged.

Names to be listed as "Additional Insured"

COVERAGE WILL APPLY ONLY FOR AN APPROVED SHOW LISTED ON THIS FORM, AND ONLY IN TERMS EXPRESSED ON HOLDERS CERTIFICATE OF INSURANCE.

Lot Manager, Ringmaster, or Member in Charge

Name _____

Address _____

City, ST Zip _____

Phone (H) _____ - _____ - _____ (C) _____ - _____ - _____

e-mail: _____ @ _____

Description of CMB Publicity Table to be used for this show.

Approved Denied DATE ___/___/___

Sponsoring CMB Organization must submit a \$ 30.00 fee.

Make check payable to Circus Model Builders and submit application with payment to:

CMB Treasurer, Les Smout

P O Box 15742

Clearwater, FL 33766