

**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.*

Submit application to

Diane Lowry, Treasurer

Circus Model Builders

PO Box 6261

Bloomington, IL 60108