

CMB Application for Certificate of Insurance

Date of application ___/___/___

Sponsoring Group: Lot, Ring or Member (Certificate Holder)

Address to send Certificate

Lot Manager, Ringmaster, or Member in Charge

Name _____

Address _____

City, State, Zip _____, _____

Telephone Number _____ - _____ - _____

E-Mail address _____@_____

Show Dates ___/___/___ to ___/___/___

Show Location (Address, City, State, Zip)

Description of Show

Owner of Show Location (Name and address if different from above)

WILL OWNER OF LOCATION REQUIRE SPECIFIC MENTION (BY NAME) ON POLICY CERTIFICATE?
 YES NO

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

Approved Denied DATE ___/___/___

***NOTE: Sponsoring CMB Organization must submit a \$ 30.00 fee.
Allow 30 days in advance of show for processing***

Description of CMB Publicity Table to be used in this show:

**Submit application to
L R Smout - Treasurer
2378 Anthony Ave Clearwater, FL 33759
FAX 727-797-2816 LRS.CMB@att.net**