



## INSURANCE REQUIREMENTS

Cost: \$50 per day

\_\_\_\_\_ days x \$50 per day = \$\_\_\_\_\_

Producers must be a member in good standing with the NWBRA. Our insurance requires anyone who uses our insurance to be a member. The Board has agreed, if you are not a current member, that you may purchase an annual producer's membership fee for \$5.00.

ALL dogs must be on a leash.

Insurance DOES NOT Cover:

- Alcohol being sold,
- Concessions.

Producers who use NWBRA insurance must have all contestants sign a waiver.  
**You will need to provide a copy of your entry form with the waiver at the time you submit this form along with the Insurance Request Application form.** If you need the waiver information, please see below:

**IN SUBMITTING MY ENTRY, I HEREBY RELEASE THE SHOW ORGANIZERS, THE NWBRA, THE HOSTING ARENA, AND ANY OFFICIAL, EMPLOYEE, OR AGENT OF SAME, FROM ANY CLAIM OR RIGHT FOR DAMAGES, WHICH MAY OCCUR TO MYSELF, MY FAMILY, MY HORSE(S) OR MY PERSONAL PROPERTY AT THIS SHOW OR IN TRANSIT.**

DATE: \_\_\_\_\_  
**SIGNATURE- MUST BE SIGNED BY PARENT/GUARDIAN FOR MINORS**

Please remit both pages along with your check to:

**NWBRA**  
c/o Elaine Hagen  
43287 146<sup>th</sup> Street  
Webster, SD 57274



## Insurance Request Application

Date: \_\_\_\_\_ Cost per Day: \$50.00 x \_\_\_\_\_ day(s) = \$ \_\_\_\_\_

Name of Policyholder: Northwest Barrel Racing Association (NWBRA)

Requesting Organization Information:

Name of Organization: \_\_\_\_\_

Person Representing Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Event Specifics: (COMPLETELY FILL OUT THIS SECTION)*

Venue or Arena Name: \_\_\_\_\_

Location Street/City/State: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Description of Event Activities: \_\_\_\_\_

Average# of participants per Show/Event: \_\_\_\_\_

Maximum# of participants: \_\_\_\_\_

Average# of spectators per Show/Event Day: \_\_\_\_\_

Maximum# of spectators: \_\_\_\_\_

Insurance Requirements:

Need Proof of Insurance Only:  Yes  No

Additional Named Insured Required (additional costs apply):  Yes  No

Name(s) to be Listed on the Certificate: \_\_\_\_\_

**COMPLETE** Address of Additional Named Insured: \_\_\_\_\_

\_\_\_\_\_

Date Certificate Needed By: \_\_\_\_\_

Certificate Emailed To: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Representative

\_\_\_\_\_  
Date

Submit Form with payment [\$50.00 per day x \_\_\_\_\_ day(s) = \$ \_\_\_\_\_ Total] to:

NWBRA, c/o Elaine Hagen, 43287 146<sup>th</sup> Street, Webster, SD 57274