

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 FOR HOLDERS OF 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 ___/___/___

Mail application to:
**CMB Treasurer, Richard Hull
1721 Woodgate Dr
Goshen, IN 46526**