

Request for Certificate of Insurance

To: Newmarket Grandwest – email aera@nmgw.com.au

Name of Incorporated Club making request:	
Name of person completing this request:	
Your position held at club (ie. Member/Secretary):	
Phone Number:	
Email Address:	

Name of Ride/Event:	
Name of Division/State the Ride/Event is affiliated:	
Is the ride recorded on State and National Calendars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Property Owner to be noted:	
Date of Ride/Event/Activity:	
Date required by:	

Forward Certificate of Insurance to:	
Name:	
Email Address:	

Office Use only:	Authorised ride: <input type="checkbox"/> Yes <input type="checkbox"/> No
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