

SDC MEET INSURANCE REQUEST FORM

If your SDC Chapter needs coverage for a meet or event, complete a copy of this SDC Meet Insurance Request Form and mail it at least 30 days in advance of the event. The form needs to be signed by a Chapter officer. – MAIL TO:

Jane Stinson
5800 Stanley Road
Columbiaville MI 48421

Date: _____ Name of requesting Region, Chapter or Zone: _____

Name & Title of person making request: _____ Phone: _____

Address _____

Date of event: _____ Type of event: _____

Will bleachers be used: Yes or No *(check one)* Will you be signing a lease of premises contract? Yes or No
(check one)

(A copy of the contract must accompany this request)

Additional insured: _____ Address of the event: _____
(Owner of the premises where meet will be held)

Certificate to be mailed to: _____ Address: _____

The _____ of the _____ hereby certicates that all of the Chapter
(Name of Officer) *(Name of Chapter)*
Officers are members of the Studebaker Driver's Club National Organization.

By: _____ Date: _____ Special Instructions: _____
(Officer's Signature)