



## ATFA Member Certificate of Liability Insurance Application

*Counties should use this form to request coverage under the ATFA umbrella liability insurance policy for specific events held by the chapter.*

**Member ID:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

**Address of Insured:** \_\_\_\_\_

\_\_\_\_\_

**Location of Event:** \_\_\_\_\_

(If different from above)

\_\_\_\_\_

\_\_\_\_\_

**Number of People Anticipated:** \_\_\_\_\_

**Description of Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this form back to William Green, Jr. at the email/fax/address below. For more information please call William at (334) 612-5235.

P.O. Box 11000

Montgomery, AL 36191

[WMGreen@alfafarmers.org](mailto:WMGreen@alfafarmers.org)

Fax: (334) 284-3957

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