

SCFMS Insurance Form
Commercial General Liability Third Party Insurance Enrollment

Date _____

Insured (club name) _____

Insured Address _____

City _____ State _____ Zip _____

Contact Person for Club

Name: _____ Phone _____

Addr: _____ City _____ State _____

Zip _____ Fax _____ Email _____

Additional Insured (show locations, swap areas, gravel pits, etc.)

Physical Addr: _____

City _____ State _____ Zip _____

Total number of member's (Adults and Juniors) _____

Insurance Premium \$3.00 per member _____

Total included (dollar amount enclosed) _____

Make checks payable to SCFMS or South Central Federation of Mineral Societies.

Coverage is effective from October 16th for 1 year. To be eligible for this coverage your club must be a member of the South Central Federation of Mineral Societies and dues must be current. To avoid confusion at enrollment please pay your dues with a separate check.

Send to: Jonathan M. Moehring
SCFMS Executive Secretary
2835 Grandview Dr.
Grand Prairie, TX 75052