

**\*\*All Insurance Payments are due by September 30<sup>th</sup> 2007\*\***

**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 \_\_\_\_\_

Late Fee (\$25.00 if received after September 30) \_\_\_\_\_

Total included (dollar amount enclosed) \_\_\_\_\_

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

Coverage is effective from November 1st - October 31st. 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

*Several years ago we had to borrow money from the SCFMS Endowment fund to pay our Insurance payment at the end of October. This year again we are asking all the clubs that want to participate in the SCFMS insurance program, to please make their payment by the end of September. This way we will not have to borrow money again to make our payment. Thank you for your cooperation.*