

## REQUEST FOR CERTIFICATE OF INSURANCE

To: Newmarket Grandwest – email [aura@nmgw.com.au](mailto:aura@nmgw.com.au)

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

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

<b>Forward Certificate of Insurance to:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Office Use only:</b>	Authorised ride:    Yes                  No