



# American Cat Fanciers Association, Inc.

PO Box 1949 ~ Nixa, MO 65714-1949  
Ph: 417/725-1530 ~ Fax: 417/725-1533  
Email: acfa@aol.com ~ Website: www.acfacat.com

## 2023 - 2024 CLUB/SHOW LIABILITY INSURANCE APPLICATION

Club Liability Insurance – ACFA offers Liability Insurance for our Chartered Clubs. It provides your club with protection in the amount of \$1,000,000 for all club activities sanctioned by ACFA. Show Liability is purchased separately. The plan provides Commercial General Liability coverage, which includes Premises Medical Payments and other Liability coverage benefits. See fee schedule below.

Show Liability Insurance – Must have Club Liability to apply for Show Liability. It is a rider on the Club Insurance and gives you \$1,000,000 coverage as outlined above for your show. See fee schedule below.

### Club/Show Liability Coverage Information

PLEASE TYPE OR PRINT: *[This information will be supplied to our agent.]*

Club Name \_\_\_\_\_ Club Contact Person \_\_\_\_\_

Street/City/St/Zip of Contact \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

If applying for Show Liability, please also complete the following: Date(s) of Show \_\_\_\_\_

Show Hall Name \_\_\_\_\_

Street/City/St/Zip of Show Hall \_\_\_\_\_

Name of Owner of Show Hall \_\_\_\_\_

**If applying for Additional Insured (ADDITIONAL \$25 FEE):**

Name of Person to Receive Proof of Insurance \_\_\_\_\_

Street/City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\*NOTE:** If you rent a City, County or State Building, generally a separate certificate of insurance is required showing the entity as additional insured. You will need to apply for this insurance rider for EACH show held within the policy period.

**Insurance Fees BEFORE April 30, 2023**

Club Liability Coverage \$ 90.00 \$ \_\_\_\_\_

Show Liability Coverage \$ 120.00 \$ \_\_\_\_\_

Additional Insured \$ 25.00 \$ \_\_\_\_\_

**Insurance Fees AFTER April 30, 2023**

Club Liability Coverage \$ 100.00 \$ \_\_\_\_\_

Show Liability Coverage \$ 130.00 \$ \_\_\_\_\_

Additional Insured \$ 25.00 \$ \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_