

REQUEST FOR CERTIFICATE OF INSURANCE

To: Newmarket Grandwest – email aura@nmgw.com.au

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

Name of Ride/Event:	
Name of Division/State the Ride/Event is affiliated with:	
Is the ride recorded on Division and AERA Ride Calendars? Please circle:	Yes No
Name of the Property Owner(s) or other persons of interest to be noted:	
Date(s) of Ride/Event/Activity:	
Date required by:	

Forward Certificate of Insurance to:	
Name:	
Email Address:	