ATFA Member
Certificate of Liability Insurance Application

Counties should use this form to request coverage under the ATFA umbrella liability insurance policy for specific events held by the chapter.

Member ID: _____ **County:** _____

Date of Application: _____

Date of Event: _____

Name of Insured: _____

Address of Insured: _____

_____

Location of Event: _____
(If different from above)

_____

_____

Number of People Anticipated: _____

Description of Event: _____

_____

_____

_____

Please send this form back to Boyd Christenberry at the email/fax/address below. For more information please call Boyd at (334) 612-5235.

P.O. Box 11000
Montgomery, AL 36191
Bchristenberry1@alfafarmers.org
Fax: (334) 284-3957

Keep up with us at www.TREASUREforest.org!