

**NEW YORK RABBIT & CAVY BREEDERS ASSOCIATION
2024-2025 ANNUAL INSURANCE RENEWAL**

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| CLUB NAME: | |
| LOCATION OF SHOW: | |
| DATE OF SHOW: | |
| EXACT SHOW SITE ADDRESS: | |
| <i>Your Insurance Certificate will be sent directly to the show location from our insurance company</i> | |
| CLUB SECRETARY'S EMAIL: | |
| SECONDARY EMAIL (Optional): | |

Our standard insurance policy is for one-million dollars. If you require higher coverage, our insurance company will issue a policy for up to two-million dollars **ONLY IF** a written request is submitted directly from your show location vendor and submitted along with your renewal application.

Your annual renewal form & payment MUST be received by June 1st

Payment for this insurance renewal must be sent as a separate check from your Charter Renewal

MAKE YOUR \$61.47 CHECK PAYABLE TO: NYR&CBA

And mail to: Debbie Vecchio, PO BOX 33, Parish, NY 13131

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| FOR NYR&CBA SECRETARY ONLY – Please do not write in this section | |
| PAID WITH CHECK #: | |
| DATE PAID: | |