

**NEW YORK RABBIT & CAVY BREEDERS ASSOCIATION
ANNUAL INSURANCE RENEWAL**

CLUB NAME: _____

LOCATION OF SHOW: _____

DATE OF SHOW: _____

EXACT SHOW SITE ADDRESS: _____

Your Insurance Certificate will be sent directly to the show location from our insurance company

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

FOR NYR&CBA SECRETARY ONLY – Please do not write in this section

PAID WITH CHECK #:	
DATE PAID:	