



**National
Association Of
Miniature
Enthusiasts**

P.O. Box 69
Carmel, IN 46082
317/571-8094
FAX 317/571-8105
E-Mail: name@miniatures.org

SHOW LIABILITY INSURANCE
AVAILABLE ONLY FOR NAME CHARTERED CLUBS

Application form must be received in the NAME office at least six (6) weeks prior to the date of the show.

Date of Show _____

Location of Show:

Facility _____

Address _____

City/State/Zip _____

Show Promoter _____

Address _____

City/State/Zip _____

Telephone ____ (____) _____

Certificate of Insurance to be sent to:

Name _____

Address _____

City/State/Zip _____

Telephone ____ (____) _____