



# REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

## KALIFF INSURANCE COMPANY

Event Name: \_\_\_\_\_ Event Dates (Thur-Mon): \_\_\_\_\_

Location: \_\_\_\_\_

IGRA Association: \_\_\_\_\_

Event Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Name & Complete Address of Certificate Holder

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

#### NOTE:

This must be submitted to the administrative assistant  
30 days prior to the rodeo.

[admin.assistant@igra.com](mailto:admin.assistant@igra.com)