

ECTRA INSURANCE APPLICATION

TYPE OR PRINT LEGIBLY.

Fill out top & return even if no property owners need a certificate.
Also fill out bottom if property owners need proof of insurance.

MAIL TO: Wanda Stazick ECTRA
109 Grassy Hill Road
East Lyme, CT 06333
Ph: 860-447-3976 Email: wstazick@sbcglobal.net

EVENT NAME: _____ **MILEAGE(S):** _____

EVENT DATE(S): _____ **EVENT LOCATION (town & state):** _____

EVENT TYPE: _____ Competitive Ride _____ Competitive Drive
_____ Competitive Ride Clinic _____ Competitive Drive Clinic

EVENT LENGTH: _____ 1 day _____ 2 days _____ 3 days
(count competition days only)

MANAGER _____ **SECRETARY** _____

ADDRESS _____ **ADDRESS** _____

CITY,ST,ZIP _____ **CITY,ST,ZIP** _____

PHONE _____ **PHONE** _____

FAX _____ **FAX** _____

E-MAIL _____ **E-MAIL** _____

ALL PROPERTY OWNERS OVER WHOSE PROPERTY THE TRAIL CROSSES ARE AUTOMATICALLY COVERED; but if they need to see their name in print, please complete bottom portion of form. The certificates will be sent to the manager to distribute.

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY,ST,ZIP _____ **CITY,ST,ZIP** _____

PHONE _____ **PHONE** _____

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY,ST,ZIP _____ **CITY,ST,ZIP** _____

PHONE _____ **PHONE** _____

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY,ST,ZIP _____ **CITY,ST,ZIP** _____

PHONE _____ **PHONE** _____

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY,ST,ZIP _____ **CITY,ST,ZIP** _____

PHONE _____

PHONE _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY,ST,ZIP _____

CITY,ST,ZIP _____

PHONE _____

PHONE _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY,ST,ZIP _____

CITY,ST,ZIP _____

PHONE _____

PHONE _____

_____ Check here if there are more names on the back of this form.