

# 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:** Joan Stratemeyer, ECTRA  
PO Box 489  
Langdon, NH 03602  
603-835-2423, 6am-9pm

**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.