

**INDIVIDUAL INSURANCE APPLICATION**

**2023/2024**

Contract personnel may purchase accident insurance coverage while under contract at any NIRA approved events. Medical insurance provided by the NIRA is considered secondary to any other valid and collectible insurance.

PLEASE COMPLETE AND RETURN THIS FORM ONLY IF YOU INTEND TO PURCHASE ADDITIONAL COVERAGE THRU THE NIRA.

(Please Print or Type Clearly)

Social Security # \_\_\_\_\_

Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Mailing Address \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enclosed is \$145.00 for the 2023-2024 NIRA Rodeo Season. \_\_\_\_\_

Personnel-(please circle)                      Coach                      Pickup Man Secretary                      Judge

If not listed please indicate \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*\*\* Office Use Only \*\*\*\*\***

Amount Enclosed \$ \_\_\_\_\_ MO/PC/SC/PC/Cash

NIRA # \_\_\_\_\_ CR Page \_\_\_\_\_ Position \_\_\_\_\_

Postmark \_\_\_\_\_ Entry Date \_\_\_\_\_ To WSI \_\_\_\_\_