

INDIVIDUAL INSURANCE APPLICATION

2024/2025

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 _____

Home Phone _____

Business Phone _____

Date of Birth _____ Sex M/F _____

_____ Enclosed is \$145.00 for the 2024-2025 NIRA Rodeo Season.

Personnel-(please circle) **Coach** **Pickup Man** **Secretary** **Judge**

If not listed please indicate _____

(Signature of Applicant) (Date)

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

Amount Enclosed \$ _____ MO/CC/SC/PC/Cash _____

NIRA # _____ Type of Position _____
(CR page)

Entry Date _____ Postmark Date _____
