

**INDIVIDUAL INSURANCE APPLICATION**

**2015/2016**

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 2015-2016 NIRA Rodeo Season.

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

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

\_\_\_\_\_  
(Signature of Applicant) (Date)

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

Amount Enclosed \$ \_\_\_\_\_ MO/CC/SC/PC/Cash \_\_\_\_\_  
(CR page)

NIRA # \_\_\_\_\_ Type of Position \_\_\_\_\_

Entry Date \_\_\_\_\_ Postmark Date \_\_\_\_\_

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