



**National Recreation
and Park Association**

Complete all information requested below. Please print clearly.

A. YOUR INFORMATION

Name of Insured _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone: Day (_____) _____ Evening (_____) _____

Fax (_____) _____ E-mail _____

B. YOUR NRPA MEMBERSHIP INFORMATION
(Be sure to provide this information. Your application cannot be processed without it.)

Name of Organization (mandatory) _____

Current NRPA Membership Number (if unknown, please call 1-800-626-NRPA) _____

NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

C. STORAGE BUILDING INFORMATION

TYPE OF STORAGE BUILDING (check one below)

Private Residence Permanent Building at Field

Municipal Building Locked Trailer at Field

Garage Rented Storage Space

Other (please specify) _____

BUILDING LOCATION _____

CONSTRUCTION OF BUILDING (check one below)

Frame, Masonry or Brick with wood floor or roof

Non-Combustible or Fire Resistive with concrete floor or roof

D. INVENTORY

Item Description	Quantity	x Current Cost	= Total Value (to nearest \$100)
Helmet (example)			
TOTAL TO BE INSURED			\$

IMPORTANT APPLICATION INSTRUCTIONS:

Complete and return this application with a check for your premium payment, *made payable to the program administrator:*
Aon Association Services. Use postage-paid envelope provided or mail to:
Aon Association Services, National Recreation and Park Association Program,
P.O. Box 19220A, Newark, NJ 07195-0220