SINGLE EVENT INSURANCE

PRINT OUT – FILL IN – SEND TO INSURANCE MANAGER

Declaration:

I need a Single Event Insurance to cover the liability for an IDNIYRA-EU Regatta:

_____
Name of the Regatta

_____
Name

_____
Sailnumber

_____
Location, Date

I know that I have to pay latest at regatta check-in for this insurance.

_____
Signature