

Due: 6 weeks before activity

Oregon Dressage Society Chapter Insurance Application

If Chapter Activity is within 4 weeks, please call the ODS Office at 503-681-2337 before you submit application. We are often able to accommodate your rush request.

Type of Chapter Activity:

- Practice Show ODS League Show USEF/USDF/ODS Licensed Show (License# _____)
- Clinic Other: _____

Date of Chapter Competition or Activity: _____

Opening Date: _____ Closing Date: _____

Name of Competition or Activity: _____

Name of ODS Chapter Sponsoring Activity: _____

Is this a ODS Members Only Event? Yes ___ No ___

Name of Organizer: _____ ODS Member Number: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Name of Show Grounds or Facility: _____

Does the facility require a certificate of insurance?
_____ Yes _____ No

Address of Show Grounds or Facility: _____

Legal Name of Property Owner: _____

City, State, Zip of Show Grounds or Facility: _____

Facility Insurance is \$25.00 per calendar year per facility. Call the ODS Office at 503-681-2337 if you are unsure if your Chapter has already paid this fee for the year.

Name & Rating of Judge or Clinician: _____

Do any other entities require proof of insurance*?

Yes _____ No _____

**Note: there is no additional cost to order a certificate for USDF.*

Name & Address of Other Certificates Required:

Fees:

General Show Insurance (for ODS or chapter for up to 100 participants)	\$51 x ___ days	\$ _____
ODS Member Only Show Insurance (for ODS or chapter for up to 100 participants)		No Charge
General Clinic Insurance (for ODS or chapter for up to 100 participants)	\$43 x ___ days	\$ _____
ODS Member Only Clinic Insurance (for ODS or chapter for up to 100 participants)		No Charge
Additional Insured (*No fee for USDF)	\$25.00 per year X ___ certificates	\$ _____
Application Office Processing Fee: (required on all applications)		\$ 10.00
Rush Fee (if application is accepted, and event is within 4 weeks)	\$20.00	\$ _____
Rush Fee (if application is accepted, and event is within 2 weeks)	\$40.00	\$ _____
(Make checks payable to ODS)	Total Enclosed	\$ _____

Send to: Oregon Dressage Society 880 NE 25th Ave, Suite 2-173 - Hillsboro, OR 97124

Office Use Only : Amount Pd _____ Dates: Received _____ Faxed to BB _____ Date Pd to BB _____
Dates Ins. Certificate sent to: Organizer _____ Facility _____ Add'l Insured _____ USDF _____ USEF _____ Database <input type="checkbox"/>