

Due: 6 weeks before activity

2011 ODS Chapter & Committee Insurance Application

Mail: Oregon Dressage Society, 880 NE 25th Ave, Suite 2-173, Hillsboro, OR 97124-6258
E-mail: office@oregondressage.com or Fax: (503) 681-3873

Type of Chapter Activity: Practice Show ODS League Show USDF/USEF/ODS Show Clinic Other: _____

Date of Competition or Activity: _____ Opening Date: _____ Closing Date: _____

Name of Competition or Activity: _____

Name of ODS Chapter or Committee Sponsoring Activity: _____

ODS Members Only Event? Yes No *If yes, applicant must review the website or Handbook and understand the conditions of an ODS Members Only Event.*

Name and Rating of Judge or Clinician: _____ ODS Member Number: _____

Name of Organizer: _____	ODS Member Number: _____	<input type="checkbox"/> Check this box if contact info has changed recently
Daytime Phone: _____	E-Mail: _____	

Legal Name of Property Owner: _____

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

Name of Show Grounds or Facility: _____

Does this facility want to be named as "additional insured?"

This is the only way to receive a written certificate

Yes No

Address of Show Grounds or Facility: _____

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

Has this facility received an insurance certificate from ODS this year?

Yes No

E-Mail address for Show Facility: _____

Does this event require proof of insurance for USEF?

Yes No License Number: _____

Do any other entities require proof of insurance?

Yes No

Does this event require proof of insurance for USDF?

Yes No License Number: _____

Name & Address of Other Certificates Required:

or Program/Attention: _____

Fees:	<input type="checkbox"/> Chapter Check Enclosed -or- <input type="checkbox"/> Charge my Chapter Visa/MasterCard _____ - _____ - _____ - _____	Exp Date: ____/____
General Show Insurance (for ODS or chapter for up to 100 participants) \$51 x ____ days		\$ _____
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)		\$ <u>No Charge</u>
Additional Insured (*No fee for USDF/USEF) \$25.00 per year X ____ certificates		\$ _____
Application Office Processing Fee: (required on all applications)		\$ <u>10.00</u>
Rush Fee (\$20 if application is accepted, and event is within 4 weeks, \$40 if event is within 2 weeks)		\$ _____
	Total	\$ _____

Organizer has read the ODS Handbook chapter on insurance and/or reviewed the ODS Website insurance page and understands the rules and conditions of chapter/committee use of ODS insurance. Electronic signature or written signature accepted.

X _____ Date: _____

Office Use Only : Amount Pd _____	Dates: Received _____	Faxed to BB _____	Date Pd to BB _____	Payment processed _____
Dates Ins. Certificate sent to: Organizer _____	Facility _____	Add'l Insured _____	USDF _____	USEF _____