

Due: 6 weeks before activity

# Oregon Dressage Society Chapter & Committee Insurance Application

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

E-mail: [office@oregondressage.com](mailto:office@oregondressage.com) or Fax: 503-681-3873

**Type of Chapter Activity:**

Practice Show  ODS League Show  USDF/USEF (license number: \_\_\_\_\_)  Clinic  Other: \_\_\_\_\_

Date of Competition or Activity: \_\_\_\_\_

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: _____
Daytime Phone: _____	Evening Phone: _____
E-Mail: _____	
Address: _____	
City, State, Zip: _____	

**Legal Name of Property Owner\*:**

\_\_\_\_\_  
Name of Show Grounds or Facility:

\_\_\_\_\_  
Address of Show Grounds or Facility:

\_\_\_\_\_  
City, State, Zip of Show Grounds or Facility:

\_\_\_\_\_  
E-Mail address for Show Facility:

Has this facility received an insurance certificate from the ODS Office yet this year\*?

Yes \_\_\_\_\_ No \_\_\_\_\_

*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.*

**\*DO NOT GUESS - please be accurate!!**

Do any other entities require proof of insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: there is no additional cost to order a certificate for USDF or USEF however you must give the USEF and USDF license number.*

Name & Address of Other Certificates Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees:**

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)	\$ _____
Visa/Mastercard office processing fee (\$5 for additional office time)	\$ _____
<b>**No personal payments on behalf of chapters/committees/teams**</b>	<b>Total</b> \$ _____

Check Enclosed or  Charge my Visa/Mastercard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

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/team 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 _____