



2019 ODS Insurance Application

This form is due six weeks before events

held between January 1, 2018 and December 31, 2018

Use this form to apply for ODS approved shows needing insurance, ODS and Chapter Clinics, meetings or any event that involves horses

Because the insurance rates are not established until the renewal date of January 1 of the current year, the rates published on this form is an estimate. Any difference in rates will be either credited or invoiced. If there is an additional fee you will be invoiced and the balance must be paid.

Please contact the ODS office if you have any questions e-mail us at office@oregondressage.com

Type of Activity:

- Practice Show
 ODS League Show
 USEF/USDF/ODS Show
 Clinic
 Other _____

Activity:

Name of Activity: _____

Date of Activity: _____

Opening Date: _____ Closing Date: _____

Name of ODS Chapter or Committee Sponsoring Activity: _____

Is this an 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.

Show or Clinic Officials:

Name of Judge(s) or Clinician	Rating	ODS Membership No.

Organizer:

Name of Organizer: _____

ODS Member Number: _____ Check if contact info has changed recently

Who is the primary contact for this event? _____

Daytime Phone: _____ E-Mail: _____

Facility

Legal Name of Property Owner: _____

Name of Facility: _____

(Continued next page)

Facility (continued)

Address : _____

City, State, Zip : _____

E-Mail address for Facility: _____

Does this facility want to be named as additional insured? *This is the only way to receive a written certificate*

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

	YES	NO	License #
Does this event require proof of insurance for USEF?			
Does this event require proof of insurance for USDF?			
or program/attention : _____			

	YES	NO
Do any other entities require		
Name & Address of Other		
Name: _____		
Address: _____		

Fees:

Show and Clinic Fees	Fee	No. of days	Total
General Show Insurance	\$51 per day		
General Clinic Insurance <i>(for ODS or chapter for up to 100 participants)</i>	\$43 per day		
ODS Member Only Clinic Insurance <i>(for ODS or chapter for up to 100 participants)</i>	No Fee		
Additional Insured <i>(*No fee for USDF/USEF)</i>	\$25 per year	N/A	

Office Fees <i>required for all Insurance Applications</i>	Fee
Application Processing Fee:	\$10
Rush Processing Fee <i>If event is within 4 weeks</i>	\$20
Rush Processing Fee <i>If event is within 2 weeks</i>	\$40

Total Insurance Fees _____

Make checks payable to ODS

Chapter check enclosed - or - Charge my Chapter Credit Card

Credit Card Information

Card Number _____

Expiration Date _____ CVV/CVV2 _____

Billing Zip Code _____

Name on Card _____

Signature _____

Event Agreement: Organizer has read the ODS Policies and Procedures Manual 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: _____

Send to: Oregon Dressage Society • PO Box 347 • Toutle, WA., 98649

E-mail to: office@oregondressage.com

Office Use Only : Amount Paid _____ Date Received _____ Faxed to Blue Bridle _____ Date Paid to Blue Bridle _____ Payment processed _____

Dates Insurance Certificate sent to: Organizer _____ Facility _____ Additional Insured _____ USDF _____ USEF _____