



2020 ODS Insurance Application

Due 6 weeks before events held between 1/1/20 & 12/31/20

Use for ODS approved shows, ODS/Chapter Clinics, or any event involving horses

The insurance rates are not established until January 1 of the current year, therefore the rates published on this form are estimates. Any difference in rates will be either credited or invoiced. If there is an additional fee you will be invoiced for the balance.

Please contact ODS if you have any questions – 503 – 893 – 5254 or e-mail us at ODSinfo@oregondressage.com

Type of Activity:

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

Name of ODS Chapter or Committee Sponsoring Activity: _____

Activity:

Name of Activity _____

Date of Activity: _____

Opening Date: _____ Closing Date: _____

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 | USDF Membership No. |
|-------------------------------|--------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Organizer:

Name of Organizer: _____

USDF 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: _____
 Address _____
 City, State, Zip : _____
 E-Mail address for Facility: _____

Insurance

Additional Insured (Certificates good for 1 year): To receive a written certificate, the facility has to be named as additional insured.

Does the facility want to be named as additional insured? Yes No
 If yes, has the facility received an insurance certificate from ODS this year? Yes No
 If no, check box below for \$25 fee

Proof of Insurance

| | YES | NO | License # |
|--|-----|----|-----------|
| Does this event require proof of insurance for USEF? | | | |
| Does this event require proof of insurance for USDF? | | | |
| <i>Indicate program/attention : _____</i> | | | |

| | YES | NO |
|---|-----|----|
| Do any other entities require insurance? | | |
| If yes, list below – use back of form if needed | | |
| Name: _____ | | |
| Address: _____ | | |

Insurance Fees:

| | Fee | No. of days | Total |
|--|---------------|-------------|-------|
| Show Insurance | \$51 per day | | |
| 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 | |
| Processing Fee | \$10 | N/A | |
| Rush Processing – event within 4 weeks | \$20 | N/A | |
| Extra Rush Processing – event within 2 weeks | \$40 | N/A | |
| Total Fees | | | |

Payment

Check enclosed (make payable to ODS) -

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 666 • Canby, OR 97013

E-mail to: ODSinfo@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 _____