

**ABATE OF OHIO, INC.**  
**EVENT INSURANCE APPLICATION**

Region \_\_\_\_\_ County \_\_\_\_\_  
 Name of Event \_\_\_\_\_ Type of Event \_\_\_\_\_  
 Event Date \_\_\_/\_\_\_/\_\_\_ Start Time \_\_\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_ End Time \_\_\_\_\_  
 Event Starting Location \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Event Ending Location \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Flyer Approved by State Events Director? \_\_\_yes / \_\_\_ no

**Event Insurance Cost:**

	<u>ESTIMATED</u>	<u>ACTUAL</u>
1.) First Day Fee ( number of attendees):		
<input type="radio"/> 1,000 or more (CALL)	\$ _____	\$ _____
<input type="radio"/> 250 up to 999 \$ 306	\$ _____	\$ _____
<input type="radio"/> 100 up to 249 \$ 184	\$ _____	\$ _____
<input type="radio"/> 51 up to 99 \$ 136	\$ _____	\$ _____
<input type="radio"/> 50 or less \$ 100	\$ _____	\$ _____
2.) Additional Day(s) Fee:		
Additional days _____ times First Day Fee times 50%	\$ _____	\$ _____
3.) Sanction Fee:		
Number of days _____ times \$25	\$ _____	\$ _____
4.) Total Fees:	\$ _____	\$ _____

Check Number (Payable to: American Motorcyclist Association) \_\_\_\_\_  
 Officer Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date of Application \_\_\_ / \_\_\_ / \_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Fees: Actual Total Fee \$ \_\_\_\_\_ minus Estimated Total Fee \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Check Number (Payable to: American Motorcyclist Association) \_\_\_\_\_  
 Officer Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date of Report \_\_\_ / \_\_\_ / \_\_\_

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#### **Characteristics:**

1. Category: Event.
2. Established by: Bylaws Article IV: Events; Section 1: Event Requirements (All Levels).
3. Purpose: To obtain event insurance.
4. Audience: Event committees.
5. Required? Yes.

#### **Event Description Directions:**

1. Region – indicate region number.
2. County – indicate county name, if applicable.
3. Name of Event – event name on approved flyer.
4. Type of Event – choose one of: “Rally”, “Poker Run”, or description of event type.
5. Event Date – first day of event in mm/dd/yy format.
6. Start Time – time event opens to public.
7. End Date – last day of event in mm/dd/yy format.
8. End Time – time event closes to public.
9. Event Starting Location – name of starting location.
10. Street – street address of starting location.
11. City – city of starting location.
12. State – state of starting location.
13. Zip – zip code of starting location.
14. Event Ending Location – name of ending location.
15. Street – street address of ending location.
16. City – city of ending location.
17. State – state of ending location.
18. Zip – zip code of ending location.
19. Flyer Approved by State Events Director? – check yes if flyer has been approved, otherwise check no.

#### **Pre-Event Estimated Cost Directions:**

1. First Day Fee – select estimated attendance level. Record appropriate fee. Be conservative. Additional fees for excess attendees will be paid post event. If one thousand attendees or more are anticipated, call State Office for appropriate fee and allow extra time for rate quote.
2. Additional Day(s) Fee – indicate number of additional days. Calculate and record appropriate fee.
3. Sanction Fee – indicate number of total days. Calculate and record appropriate fee.
4. Total Fees – add First Day Fee, Additional Day(s) Fee and Sanction Fee. Record the total fee.
5. Check Number – check number, from regional checking account, of payment.
6. Officer Signature – of applying officer.
7. Title – of applying officer.
8. Date of Application – in mm/dd/yy format.
9. Contact Phone – of applying officer.

#### **Post-Event Actual Cost Directions:**

1. First Day Fee – select actual attendance level from Total Number of Entries line on AMA Referee Report. Record appropriate fee.
2. Additional Day(s) Fee – calculate and record appropriate fee.
3. Sanction Fee – record appropriate fee.
4. Total Fees – add First Day Fee, Additional Day(s) Fee and Sanction Fee. Record the total fee.
5. Additional Fees – record Actual Total Fee and Estimated Total Fee. Calculate and record appropriate fee.
6. Check Number – check number, from regional checking account, of payment, if Additional Fees is greater than zero.
7. Officer Signature – of reporting officer.
8. Title – of reporting officer.
9. Date of Report – in mm/dd/yy format.

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**Special Cases:**

1. If flyer has not been approved, Event Insurance Application will be delayed until an approved flyer is received.
2. If payment is not received, Event Insurance Application will be delayed until payment is received.
3. Any Event Insurance Application received for a non-sanctioned event will be returned.

**Pre-Event Handling:**

1. Send to: State Office.
2. Deadline: Received at least six weeks ahead of Event Date.

3. Maintain copy to be completed post-event.
4. Must be accompanied by payment.

**Post-Event Handling:**

1. Send to: State Office.
2. Deadline: Received within seven days of Event Date.
3. Maintain copy for records.
4. Must be accompanied by AMA Referee Report, all signed waivers, and payment of any Additional Fees.