

**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:**

1.) First Day Fee ( number of attendees):

- ☐ 250 or more (CALL) \$ \_\_\_\_\_  
☐ 249 or less \$ 247 \$ \_\_\_\_\_

2.) Additional Day(s) Fee:

Additional days \_\_\_\_\_ times First Day Fee times 50% \$ \_\_\_\_\_

*(Camping, Set Up, Tear Down: Day prior and/or day after event included at no charge.)*

3.) Sanction Fee:

Number of days \_\_\_\_\_ times \$45 \$ \_\_\_\_\_

4.) Total Fees:

\$ \_\_\_\_\_

Check Number (Payable to: ABATE of Ohio, Inc.) \_\_\_\_\_

Officer Signature \_\_\_\_\_ Title \_\_\_\_\_

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**After Referee's Report and Waivers are received, regions may be  
contacted if additional fees are required.**

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**EVENT INSURANCE APPLICATION**

**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.

**Event Insurance 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 250 attendees or more are anticipated, call COB 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.

**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.
4. After Referee’s Report and Waivers are received, regions may be contacted if additional fees are required.

**Handling:**

1. Send to: Mailing Address.
2. Deadline: Received at least six weeks ahead of Event Date.
3. Must be accompanied by payment.