

# Club & Event Liability– Additional Event Dates

Once completed please email to:  
djohn@ohset.com



Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: OR \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## Summary of Additional Event Activities

Indicate below all additional Event/Show Days to be added to your liability policy. Please provide a description of the event (such as show, clinic, hunt day, rodeo, gymkhana, parades, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.

**Note:** *If dates have not been set, Written Notice of the event must be received in our office prior to the event date. Coverage is not provided for dates that have not been declared to the company in advance of the event.*

**Remember, any events or activities not described/disclosed are not covered.**

Event/Show date(s) \_\_\_\_\_ Description of Event: \_\_\_\_\_  
Sanctioning Organization: \_\_\_\_\_ Location of event: \_\_\_\_\_  
Description of event activities: \_\_\_\_\_  
Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_  
Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_  
Sanctioning Organization(s): \_\_\_\_\_

Event/Show date(s): \_\_\_\_\_ Description of event: \_\_\_\_\_  
Location of event: \_\_\_\_\_  
Description of event activities: \_\_\_\_\_  
\_\_\_\_\_  
Average number of competitors per Show / Event: \_\_\_\_\_ Average number of spectators per Show / Event Day: \_\_\_\_\_  
Maximum number of competitors: \_\_\_\_\_ Maximum number of spectators: \_\_\_\_\_  
Sanctioning Organization(s): \_\_\_\_\_

*List Additional Insureds with relationship descriptions. For example: land owners and/or owners of facilities leased, sponsors of events, etc. If you are uncertain of the name at the time of application, please list TBD for "To Be Determined".*

Name:	Address:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Must be signed and dated)

Insured's Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_ Date: \_\_\_\_\_