

Special Event Insurance Coverage Request Form

(Revised: 2/18/2022)

Document owner: Insurance chair

FORM MIIST BE COMPLETED IN ITS ENTIRETY

Contact info: insurance@ohconline.com or go to 'Contact Us' to find current committee chair phone

number.

SPECIAL EVENT COVERAGE REQUEST (Please Print or type - Must be Legible)

TOTAL WIGST BE CONT	LETED IN 113 ENTINETT	
1. Date of Request:	2. Date(s) of Event:	Rain Date:
3. Name of Chapter or Associate group requesting coverage:		
4. If Associate indicate	sponsoring OHC Chapter: _	
5. Type of Event:		
6. Location of Event:		
7. Contact person for Event: Name		
Phone:	E-M	ail:
Rodeo type events are NOT COVERED under any circumstances.		
Pole B	ending, Barrel Racing and the	like are not considered rodeo events.
8. List any Additional Insured Endorsement / Premises owner. Complete Address required \$40.00 additional fee required for each endorsement. (List any other Additional insured on back)		
Name:		
Address:		City/State/Zip:

CHAPTER FEES:

- -\$75.00 PER DAY (Shows, Rides, Demos, Trail work days, Tack show)
- -\$120.00 PER PARADE-PONY RIDES, WAGON EVENTS

ASSOCIATE MEMBER FEES:

- -\$150.00 PER DAY FOR ASSOCIATE MEMBERS
- -\$175.00 PER DAY FOR ASSOCIATE MEMBERS PARADE-PONY RIDES, WAGON EVENTS

IF YOU FAIL TO SUBMIT YOUR REQUEST FOR COVERAGE LESS THAN 10 DAYS IN ADVANCE, THE CERTIFICATE OF INSURANCE MAY NOT REACH YOU IN TIME FOR THE EVENT. In case of last minute event all requests must be made by Wednesday in order to process. ALL CERTIFICATES WILL BE SENT TO THE E-MAIL ADDRESS PROVIDED BELOW.

If for any reason your event is canceled, inform

another date. After 10 days, event charges will apply. Insurance costs are non-refundable.

the insurance chair within 10 days to move to

MAKE CHECKS PAYABLE TO: OHIO HORSEMAN'S COUNCIL SEND COMPLETED

FORM WITH PAYMENT TO: State OHC Insurance Committee C/O Jackie Romaker

9101 McCutchenville Rd. Wayne, OH 43466

PHONE: 419-575-3623 E-MAIL: insurance@ohconline.com