



INSURANCE APPLICATION

OBRA Member Club			
Contact Person		E-Mail	
Phone(Day)	(Eve)	Fax	
Address	City	State	Zip
Name of Event			
Event Date(s)		Number of days	
Event Type			
Number of participants at last year's event	Maximum number possible at this event	Number of volunteers that will be present	Number of spectators that will be present

Additional Insured Certificates (more than 4 or special language, attach add's sheet)

1. _____
2. _____
3. _____
4. _____

Certificate free to permitting agencies and landowners. Certificates for sponsors and suppliers are \$50

Pre-event & Post-event Activities? _____

Describe Security (Crowd/Traffic Control) _____

How Many Marshals? _____ Course Map Provided? Yes No

All Major Intersections/Turns Marshaled, Signed and/or Marked? Yes No

Course Marshals Have Radios? Yes No Helmets Mandatory? Yes No

Type & Number of Medical Personnel _____

Signed: _____ Date: _____

Mail this completed application with

- 1) Event announcement
- 2) Processing fee of \$15 single day, \$30 series
- 3) Letter of Agreement to: **OBRA**

P.O. Box 16355
Portland, Or 97292
or Fax at (503) 667-6220