

NETRA EVENT INSURANCE ORDER FORM

IMPORTANT NOTE: An event order form must be submitted for each event, prior to the event, in order to validate insurance coverage for the event. Failure to comply will result in NO INSURANCE coverage for your New England Trail Rider Association event.

(Please complete all information. Type or print LEGIBLY.)

1. NAME OF CLUB: _____
ADDRESS: _____

2. DATE (S) OF THIS EVENT: _____

2A. For two day events, each additional day will be 50% of the base rate

2B. Are you going to be providing camping the night before the event or the night before the first day of a 2 day event? Y/N
(circle one) There is an additional fee for camping coverage, which is required if you are providing camping.

3. TYPE OF EVENT: _____

3A. NAME OF EVENT: _____

NOTE: If the event is canceled or postponed, e-mail the NETRA office at netraman@yahoo.com ASAP.

4. LOCATION OF THIS EVENT:

Name of Site: _____

Address: _____

City, State, ZIP: _____

5. CERTIFICATE OF INSURANCE NEEDED: ___ YES ___ NO

5A. Do you need all additional insureds listed on the certificate? YES ___ NO ___

NOTE: You will be sent a receipt card, acknowledging that your club has been issued a Certificate of Insurance covering the entire event period for your use as evidence of insurance. The Certificate shows that "owners of premises" used to conduct insured events are automatically included as additional named insureds on the NETRA policy. You may copy this certificate and give a copy to landowners as evidence of your insurance. Therefore, it is only necessary to request a specific Certificate of Insurance for a particular event in cases where the landowner requires you to specifically list them by name.

6. ADDITIONAL NAMED INSURED REQUIRED FOR THIS EVENT (complete only if Certificate has been requested)

A. _____

B. _____

C. _____

NOTE: use separate sheet to list more additional insureds.

7. NAME, ADDRESS, AND PHONE NUMBER (daytime phone) OF PERSON COMPLETING THIS FORM:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

E-mail _____

NOTE: Receipt card for this event (and Certificate, if requested) will be returned to this person.

INSURANCE DEPOSIT REQUIRED WITH SANCTION FEE-

ALL COMPETITIVE EVENTS - \$350.00

2 DAY COMPETITIVE EVENTS - \$150.00 SECOND DAY (\$500.00 TOTAL)

ALL RECREATIONAL NONCOMPETITIVE EVENTS - \$100.00

2 DAY NONCOMPETITIVE EVENTS - \$50.00 SECOND DAY (\$150.00 TOTAL)