EVENT INSURANCE ORDER FORM

ALFA ROMEO OWNERS CLUB - P.O. BOX 92155 -Portland, OR 97292

Email completed form to: kevin@naughtoninsurance.com If event requires payment, mail completed form with payment to:

Naughton Insurance, Inc. P.O. Box 6192 Providence, RI 02940

IMPORTANT NOTE: An order form must be submitted for <u>EACH EVENT</u>, prior to the event, in order to validate **Insurance Coverage for the event**. Failure to comply will result in NO INSURANCE coverage for your event. (Please complete all information. Type or print LEGIBLY.)

•			•	,				
١	Name of Chapter:							
A	\ddress:							
Ľ	Date of the Event:							
1	ype of Event:	Autocross/Trial/Gy	/mkhana/Sla	llom Ra	ally/Tour/Carav	an C	other (describe below)	
NOTE: If event is canceled, please notify Naughton & AROC within 24 hours								
Main	Location of Event:							
Nam	e of Site:							
Addı	ress:							
C	City:	State:		Z	Zip:			
С	ertificate of Insura	nce Needed?:	YES	10				
 Any event held on a race track which requires Additional Insured status for the track would require a premium payment of \$480 prior to event. 								
•	 Any other event requiring a Certificate of Insurance with Additional Insured status for the Certificate Holder would require a premium payment of \$230. 							
Additional Named Insureds Required for this event: (complete only if Certificate has been requested)								
	1							
	2							
С	Contact Information of Person Completing this Form:							
Name:			Phone Number:					
A	ddress:		City:		State:	Zip:		
N	OTE: Certificate, if re	equested will be retu	irned to this	person.				
N	NAUGHTON ACKNOWLEDGEMENT (Return copy to ordering Chapter)							