

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

Name of Chapter:

Address:

Date of the Event:

Type of Event: Autocross/Trial/Gymkhana/Slalom Rally/Tour/Caravan Other (describe below)

NOTE: If event is canceled, please notify Naughton & AROC within 24 hours

Main Location of Event:

Name of Site:

Address:

City: **State:** **Zip:**

Certificate of Insurance Needed?: YES NO

- 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

Contact Information of Person Completing this Form:

Name: **Phone Number:**
Address: **City:** **State:** **Zip:**

NOTE: Certificate, if requested will be returned to this person.

NAUGHTON ACKNOWLEDGEMENT (Return copy to ordering Chapter)

Date Received: _____ **Signature:** _____