

EVENT INSURANCE ORDER FORM

ALFA ROMEO OWNERS CLUB PO BOX 92155 Portland, OR 97292

Mail Completed form with payment as necessary to:

NAUGHTON INSURANCE, INC. 1365 Wampanoag Trail P.O. Box 6192 Providence, RI 02940

IMPORTANT NOTE: A competitive 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 competitive event. (Please complete all information. Type or print LEGIBLY.)

1. NAME OF CHAPTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. DATE OF THE EVENT: \_\_\_\_\_

3. TYPE OF EVENT: \_\_\_ Autocross, Trial, Gymkhana, Slalom (\$175) \_\_\_ Rally, Tour, Caravan \_\_\_ Other (describe)

NOTE: If event cancelled, mail notification within 24 hours to Naughton & AROC

4. LOCATION OF THIS EVENT:

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

5. CERTIFICATE OF INSURANCE NEEDED: \_\_\_ YES \_\_\_ NO

NOTE: You will be sent a receipt card acknowledging your order form. Your club has been issued a Certificate of Insurance covering the entire policy 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 AROC policy. You may copy this certificate to 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 him by name.

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

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

THIS FORM MUST BE POSTMARKED AT LEAST ONE DAY PRIOR TO THE EVENT TO WHICH THIS ORDER PERTAINS to have your event Liability Insurance in effect and valid. If no payment is required, you may fax the form to Naughton Insurance, Inc. Phone calls to order event insurance are not necessary as coverage can only be effected and validated by evidence of postmark or fax confirmation at least one day before the event date.

IF YOU NEED A CERTIFCATE OF INSURANCE FOR THIS EVENT PRIOR TO THE EVENT, you should mail your order at least three weeks in advance to assure receipt of the Certificate in time.

MAIL FORM AND CHECK FOR \$175 (if needed) TO: Naughton Insurance, Inc., FAX # (401) 433-5460, PHONE # (401) 433-4000

NAUGHTON ACKNOWLEDGEMENT (Return copy to ordering Chapter)

Date Received \_\_\_\_\_ Signature \_\_\_\_\_

MAIL COPY OF FORM TO: AROC PO Box 92155 Portland, OR 97292