



Insurance Application			
Club/Team Name			
Contact Name			Is the contact the owner of the race?
Phone (Day)	(Evening)	(Mobile/Fax)	
Street Address			
City		State	ZIP
Name of event		Type of event	
Event date(s)		Number of days	
Number of participants at last years event	Maximum number possible	Number of volunteers that will be present	Number of spectators that will be present

Additional Insured Certificates (include addresses- attach additional pages if necessary)

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

Describe arrangements for medical/first aid.

Signed _____ **Date** _____

Mail this completed application with the following:

1. Event announcement/flyer
2. Letter of agreement
3. Traffic Plan/Map
4. Processing fee (Add \$10 on top of the fees below if paid via check and the forms are mailed in.)
 - \$40.00 if 45 days in advance + \$5 per additional insured
 - \$55.00 if 15-44 days in advance + \$5 per additional insured
 - \$105.00 if 14 days or less + \$5 per additional insured
5. Fees can be paid online, here: industry.obra.org/product/permit-fee/.

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 Ste 405-396
 Bend, OR 97702