



WORLD PADDLES ASSOCIATION EVENT APPLICATION

Named Insured: _____

Principal Contact: _____

Mailing Street Address: _____

Mailing City: _____ State: _____ Zip: _____ - _____

Event Location Street Address: _____

Location City: _____ County: _____ State: _____ Zip: _____ - _____

Phone Number: _____ E-mail: _____

Business Form: Corporation Partnership Individual LLC 501C Club

Effective Dates: Event Start Date ____/____/____ Event Stop Date ____/____/____

Participant Information

Please Check	# of Participants	Insurance Cost Per Event
<input type="checkbox"/>	0-399	\$390
<input type="checkbox"/>	Over 400	\$540

1. Do you require participants to sign a liability waiver? You must attach. Yes No
2. How many years have you had this event? _____ Years

ADDITIONAL INSUREDS (Owner/Lessor of premise), if necessary attach and additional sheet:

Name	Complete Address (Incl. city, state & zip)	Interest

Payment and Binding Instructions

This application is not a binder of insurance and payment must be made in order to have coverage. Please complete and return the application along with a payment. **You may call our office to make a credit card payment or check over the phone.** You can also mail a check to our office payable to **Outdoor Insurance Group, Inc.** You must attach your liability waiver. Payment must be received prior to certificates being issued and the start date of the event.

Credit Card Type: Visa Master Card Amex

Credit Card # _____

Expiration Date: _____

Security Code: _____

Name as it reads on card: _____

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Date: _____ Signature: _____

Printed Name: _____