



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"/>	0-50	\$200
<input type="checkbox"/>	51-150	\$319
<input type="checkbox"/>	151-250	\$638
<input type="checkbox"/>	251-350	\$927
<input type="checkbox"/>	if over 350	\$3.19 per participant

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 application and attach a check to this application made payable **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. You may also call our office and use our check by phone service. If you would like to pay by credit card a 3% service charge will be added to the premium.

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: _____