



320 SW Century Drive Ste 405-396 Bend, OR 97702

## 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

Please fill out additional insured spreadsheet

located at <http://industry.obra.org/promoters>

**Describe arrangements for medical/first aid. Contact [Mike.Murray@obra.org](mailto:Mike.Murray@obra.org) to request OBRA 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 if paying via cash or check and mailing in the forms)  
\$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/](http://industry.obra.org/product/permit-fee/).

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