

**ALFA ROMEO OWNERS CLUB -- EVENT INSURANCE ORDER FORM**

US Mail original (with \$175 payment as required) or Email scanned PDF copy or Fax completed form to:

**NAUGHTON INSURANCE, INC., P.O. Box 6192, Providence, RI 02940 or [info@naughtoninsurance.com](mailto:info@naughtoninsurance.com) or Fax (401) 433-5460**

IMPORTANT NOTE: An Event Insurance 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 event. PLEASE complete ALL information. PLEASE type or print LEGIBLY.

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

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

2. DATE(S) OF THE EVENT: \_\_\_\_\_

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

NOTE: If event is canceled, notify by Email or Fax or US Mail within 24 hours to Naughton Insurance and AROC

4. LOCATION OF THIS EVENT:  
Name of Site: \_\_\_\_\_

Street 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 COMPLETING 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 or Email the form to Naughton Insurance, Inc. Phone calls to order event insurance are not accepted, as coverage can only be effected and validated by evidence of postmark or fax confirmation or email receipt at least one day before the event date.

IF YOU NEED A CERTIFICATE OF INSURANCE FOR THIS EVENT PRIOR TO THE EVENT, you should US Mail the completed form and check for \$175 at least three weeks in advance to assure receipt of the Certificate of Insurance in time for your event.

NAUGHTON ACKNOWLEDGEMENT (Return copy to ordering AROC Chapter)

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

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

2017/02