Payment Information - Jones Birdsong LLP will provide a link for debit card, credit card and ACH payment.

## Submit application via email or fax.

Scan and email insurance page to: Don Birdsong at dbirdsong@jonesbirdsong.com or fax to: (612) 392-2166. Subject line: AMA Organizer Insurance - [Your Charter Name]

## **2023 COMPETITION Event Insurance Options**

Public/Spectator and Participant Legal Liability Premiums

Insurance questions? Contact Don Birdsong at Jones Birdsong LLP at 952-467-6113. Insurance rates guaranteed for events conducted 1/30/2023-1/30/2024. Program serviced by Jones Birdsong LLP. Rates include taxes and fees.

REV. 1/23

Motocross, Enduro, Stadiumcross, Endurocross, Rel-Enduro, and ISDE Competition		\$1,000,000 LIMIT	
Class 1A (350 or More Registered Riders)		□ \$998	
Class 1B (250 to 349 Registered Riders)		□ \$893	
Class 1C (249 or Less Registered Riders)		□ \$630	
Track Competition (Flat Track, Drag, Hillclimb, Ice Racing, Road Race,	Speedway, Supermoto)	·	
Class 2		□ \$683	
Off-Road Competition			
Class 3A (250 or More Registered Riders)		□ \$998	
Class 3B (249 or Less Registered Riders)		□ \$840	
Observed Trials			
Class 4		□ \$250	
Competition Schools			
Class 10A (50 or More Registered Riders )		□ \$263	
Class 10B (49 or Less Registered Riders)		□ \$132	
For options above \$1,000,000, please contact Don Birdsong at 952-467-6113.			
Additional Coverage & Terms			
<ul> <li>Multi-day Events: Day 1 = full event rate; Days 2+ = 50% event rate for ea additional day. *Not applicable for Class 10 events.</li> <li>Multiple Events on Same Day: One full event rate for highest category covers all events for that day.</li> <li>Camping, Set Up, Teardown: Day prior and/or day after event are includer at no charge. Additional day coverage is \$92 per day for 1M.</li> </ul>	site for practice for competition eve Track Day: 30% of event rate and a Event attendance subject to audit. Misreporting may result in loss of c In order to receive credit for any even notify within 30 days after the original authorization. Insurance is only valid if the sanction	ambulance must be on site. coverage, sanction privileges, and fines. ent changes or cancellations, you must nal event date. <i>has been approved.</i>	
PROMOTER/CLUB NAME	CHARTER NUMBER	PHONE	
CONTACT PERSON	EMAIL		
SANCTION NUMBER (Required)	EVENT TITLE		
EVENT LOCATION	EVENT DATE(S) (Racing date(s) only)	EVENT DATE(S) (Racing date(s) only)	
EXPECTED PARTICIPANT COUNT PRACTICE DATE(S) CAMPING DATE	(S) SET UP DATE(S)	TEAR DOWN DATE(S)	
Additional Insureds & Insurance Information	Event Bacing Vehicle Owners and Sponsors:	Event Sponsore: Event Riders Crew	

Officials and all other event participants that have been issued AMA-Authorized event credentials; other persons or organizations, if required by contract. PLEASE LIST REQUESTED ADDITIONAL INSUREDS WITH RELATIONSHIPS:

If you are using federal or state land for your event and the governmental entity is requesting to be added as an additional insured, please provide a copy of the address for the Governmental Entity. LIST ANCILLARY EVENTS OR INTERMISSION SHOWS, EITHER ON OR OFF THE PREMISES DURING THE SANCTIONED MEET. (ex. Swap Meets, Concerts, Stunt Performers, Amusement Rides, Pit Bike Races, etc.)

