

**OHIO HORSEMAN'S COUNCIL, INC.**  
**SPECIAL EVENT COVERAGE REQUEST**  
**(Please Print or type- Must be Legible)**  
**FORM MUST BE COMPLETED IN ITS ENTIRTY**

1. Date of Request: \_\_\_\_\_ 2. Date of Event \_\_\_\_\_

3. Name of County Chapter or  
Associate member requesting coverage: \_\_\_\_\_

4. If Associate indicate sponsoring OHC Chapter: \_\_\_\_\_

5. Type of Event or Function: \_\_\_\_\_

6. Location of Event : \_\_\_\_\_

7. Contact person for Chapter & Event: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State /Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Rodeo type events are NOT COVERED under any circumstances.**  
**Pole Bending, Barrel Racing and the like are not considered rodeo events.**

8. List any Additional Insured Endorsement / Premises owner **Complete Address required**  
\$40.00 additional fee required for each endorsement.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\$75.00 PER DAY FOR OHC CHAPTERS (Shows, Rides, Demos, etc)**  
**\$100.00 PER DAY FOR CHAPTER PARADE-PONY OR WAGON EVENTS**  
**\$150.00 PER DAY FOR ASSOCIATE MEMBERS**

IF YOU FAIL TO SUBMIT YOUR REQUEST FOR CONERAGE LESS THAN 30 DAYS IN ADVANCE, THE CIRTITICATE OF INSURANCE MAY NOT REACH YOU IN TIME FOR THE EVENT. A **\$10.00 LATE FEE** PAYABLE AT TIME OF YOUR REQUEST IS CHARGED ON ALL LATE SUBMISSIONS.

**MAKE CHECKS PAYABLE TO: STATE OHIO HORSEMAN'S COUNCIL**

SEND COMPLETED FORM WITH PAYMENT TO: State OHC Insurance Committee  
C/O Jackie Romaker  
9101 McCutchenville Rd.  
Wayne, OH 43466

PHONE: 419-288-0377

E-MAIL: [Jackie.riverridge@verizon.net](mailto:Jackie.riverridge@verizon.net)

Note any additional information on back Thank you.



