

Abate of Georgia  
EVENT INSURANCE ORDER FORM

IMPORTANT NOTE: An event order form must be submitted for each event, prior to the event, in order to validate insurance coverage for all events. Failure to comply will result in NO INSURANCE coverage for your moving event. (Please complete all information. Type or print LEGIBLY.)

1. NAME OF REGION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

2. DATE OF THIS EVENT: \_\_\_\_\_

3. TYPE OF EVENT: \_\_\_\_\_

3A. NAME OF EVENT: \_\_\_\_\_

NOTE: If event canceled, mail or fax notification within 24 hours to Naughton & Abate of Georgia

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

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 Abate of Georgia 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 them by name.

6. ADDITIONAL NAMED INSURED REQUIRES 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 DATED AT LEAST ONE DAY PRIOR TO THE EVENT TO WHICH THIS ORDER PERTAINS to have your event liability insurance in effect and valid, Phone calls to order event insurance are not necessary as coverage can only be effected by evidence of postmark at least one day before the event date. IF YOU NEED A CERTIFICATE OF INSURANCE FOR THIS EVENT PRIOR TO THE EVENT, you should mail your order at least three weeks in advance to assure receipt of the Certificate in time.

MAIL FORM TO:

NAUGHTON INSURANCE, INC.  
P.O. Box 6192  
Providence, RI 02940  
FAX: (401) 433-5460  
Phone: (401) 433-4000  
Email: info@naughtoninsurance.com

NAUGHTON ACKNOWLEDGMENT:

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

Signature \_\_\_\_\_  
(Return copy to ordering Region)