



Request for Event Insurance

The following is a list of guidelines by which an event (clinic, trial, fun trial, lessons) will be considered for inclusion under the Oregon Sheep Dog Society's (OSDS) general liability policy. These guidelines are meant to safeguard the Society's ability to procure liability insurance.

- If the event is a trial, it must be sanctioned by OSDS and follow the guidelines as set forth.
- If the event is a trial, it must be run according to the International Sheepdog Society (ISDS), United States Border Collie Handlers Association (USBCHA) and OSDS rules.
- The Chairperson of the Trial Committee or the Event Representative must be a current OSDS member in good standing.

Applicants for insurance are requested to:

- Provide secure fencing of spectator area and post signs declaring inherent risk of sheepdog trials.
- Frequently advise spectators to stay away from fences and off trial fields at all times.
- Provide a separate and secure area for handlers and their dogs.
- Provide a secure area/s to release and exhaust livestock.
- Postmark written witness requests for any and all accidents to the current OSDS treasurer within five days of the accident.
- Dog bite claims:
 - The owner of the dog involved must report the incident to their insurance carrier.
 - The incident needs to be reported to Sportsmen's Insurance Agency and OSDS treasurer
- All competitors must sign a release form as part of their entry to each trial.

Proof of Coverage only:

This is a Certificate of Insurance and shows only that OSDS has an insurance policy. A fee is NOT required, but it does not extend coverage to a non-member property owner.

The OSDS's main concern is the safety of spectators, participants and volunteers. Please do your part to assure the safety of all involved. The undersigned have read, understand and agree to abide by and follow the guidelines listed above.

Name of Trial/Event: _____

Date & Times of Trial/Event: _____

Address/Location of Trial/Event: _____

Trial/Event Chairperson/Representative: _____

Signature: _____ Name (print): _____

Telephone: _____ Email: _____

Mailing Address: _____

Questions regarding insurance can be emailed to djgrimes30@gmail.com

Additional Insured Endorsements:

**This Certificate is issued when a property owner or livestock owner asks to be added to the Policy.
When a property owner is added to the policy, limits of liability are being shared with them.
A \$55.00 fee applies for each endorsement.**

Request for Property Owner Insurance

The Oregon Sheep Dog Society's main concern is the safety of spectators, participants and volunteers. Please do your part to assure the safety of all involved. The undersigned have read, understand and agree to abide by and follow the guidelines listed above.

Property Owner Name:

Property Owner Mailing Address:

Property Owner Phone Number:

Property Owner Email Address:

Note- If the property owner is also the owner of the livestock used then only one endorsement is needed.

Request for Livestock Owner Insurance

The Oregon Sheep Dog Society's main concern is the safety of spectators, participants and volunteers. Please do your part to assure the safety of all involved. The undersigned have read, understand and agree to abide by and follow the guidelines listed above.

Livestock Owner Name:

Livestock Owner Mailing Address:

Livestock Owner Phone Number:

Livestock Owner Email Address:

Request for more Additional Insured endorsements

The Oregon Sheep Dog Society's main concern is the safety of spectators, participants and volunteers. Please do your part to assure the safety of all involved. The undersigned have read, understand and agree to abide by and follow the guidelines listed above.

Additional Insured Name:

Additional Insured Mailing Address:

Additional Insured Phone Number:

Additional Insured Email Address:

Invoice

Property Owner insurance endorsements	_____	x \$55 each
Livestock Owner insurance endorsements	_____	x \$55 each
more Additional Insured endorsements	_____	x \$55 each
Total:		\$_____

Please mark one method of payment:

Insurance will not be requested until full payment has been received.

1) _____ Check included

Please make check out to OSDS and mail to the address below

2) _____ Paid by PayPal link on the OSDS website

Need scoresheets? Visit the website for a template you can download, customize and print out for your trial! Go to "Trial Host Forms"

Please mail your insurance request/s and payment to:

Donna Grimes

PO Box 679

Athena, OR 97813

or Email your insurance request to: djgrimes30@gmail.com