

Subject line: AMA Organizer Insurance – [Your Charter Name]

or fax to: (612) 392-2166.

2024 RECREATIONAL Event Insurance Options

Public/Spectator and Participant Legal Liability Premiums

Submit application via email or fax. Insurance questions? Contact Don Birdsong at Jones Birdsong LLP at 952-467-6113. Insurance rates guaranteed for events conducted Scan and email insurance page to: amainsurance@jonesbirdsong.com 1/30/2023-1/30/2024. Program serviced by Specialty Program Group, LLC.

Off-Road Events	\$1,000,00	00 LIMIT	Rally Events	\$1,000,000 LIMIT
Class 5A (1,000 or More Participants)	☐ Subject to underwriting		Class 8	☐ Subject to underwriting
Class 5B (250 to 999 Participants)	ss 5B (250 to 999 Participants)		Grand Tour Events	
Class 5C (249 or Less Participants) ☐ \$228			Class 9	□ \$1,272
Dual Sport / Adventure Ride Event	S			
Class 6A (1,000 or More Participants)	☐ Subject to u	ınderwriting	Recreational Riding Schools	- #20F
Class 6B (250 to 999 Participants)	□ \$456		Class 10A (50 or More Participant	,
Class 6C (249 or Less Participants)	□ \$250		Class 10B (49 or Less Participants	s) 🗆 \$144
Road Ride Events			For options above \$1,000,000, please contact Don Birdsong at 952-467-6113	
Class 7A (1,000 or More Participants)	☐ Subject to u	ınderwriting		
Class 7B (250 to 999 Participants)	□ \$531			
Class 7C (249 or Less Participants)	□ \$268			
			orization. Insurance is only valid if the sancti pplication is not received 10 days prior, i CHARTER NUMBER	on has been approved. insurance coverage may not be put in place. PHONE
CONTACT PERSON			EMAIL	
START LOCATION OR GPS COORDINATES			EVENT TITLE	
			CANOTION NUMBER (REQUIRER)	
END LOCATION OR GPS COORDINATES		SANCTION NUMBER (REQUIRED)	NATIONAL DUAL SPORT/ADV RIDE CHECK IF YES	
EXPECTED PARTICIPANT COUNT	EVENT DATE(S)	CAMPING DATE(S)	SET UP DATE(S)	TEAR DOWN DATE(S)
Additional Insured & Insurance INCLUDED ADDITIONAL INSUREDS: Event Site Crew, Officials and all other event participants the PLEASE ATTACHED TYPED LIST OF REQUEST	e Landowners/Managers nat have been issued AM	MA-Authorized event cr	edentials; other persons or organizations, if re	
			e added as an additional insured, please provide a	copy of the address for the Governmental Entity.
LIST ANCILLARY ACTIVITIES, EITHER ON OR OFF	THE PREMISES DURING	G THE SANCTIONED RID	DE:	