

Chapter Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Person making request: \_\_\_\_\_ Title: \_\_\_\_\_  
Print/Typed Signature

How would you like to be notified of your flyer's approval? (Chapter President shall also be notified automatically)

Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Supply Fax Number for Notification Supply Email Address for Notification

Date(s) of your chapter's event: \_\_\_\_\_ # of days of event: \_\_\_\_\_

Name of your chapter's event: \_\_\_\_\_ Type of Event: \_\_\_\_\_  
(poker run, etc)

Event's location or starting point: \_\_\_\_\_

Name of Facility/Venue Street Address City/ZIP

Event's ending location: \_\_\_\_\_

Name of Facility/Venue Street Address City/ZIP

Name & Address of Additionally Insured:  
At least ONE must be listed to request a Certificate of Insurance. If more than 3 spaces are needed, please attach additional name(s) to this form.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Certificate of Insurance needed?  
YES  NO

Will there be membership applications / information on safe riding habits / education to the public about motorcycle awareness / something to improve the image of motorcyclists to the general public / legislation information regarding or motivating a letter writing campaign to legislators (such as a membership and/or safety booth)?  Yes  No

Have you submitted a flyer with this form? If NO, when was it submitted? \_\_\_\_\_  Yes  No

Do you want your chapter's flyer in the Masterlink? (must be submitted within posted deadlines)

1/2 page ad (no charge)  Yes  No

OR a full page ad (\$10 fee)  Yes  No

Is alcohol being served by ABATE OF FLORIDA, INC. at this event?  
If you are requesting a Alcohol Permit it must accompany this insurance request and be sent in at least 90 days prior to the event. A \$25.00 CHECK made out to State of Florida, Department of Business and Professional Regulation MUST ACCOMPANY THE REQUEST.  Yes  No

Event Duration: \_\_\_\_\_ Estimated Number of Attendees for 1 day events \_\_\_\_\_ Insurance Cost: Call State Office for Quote

1 day \_\_\_\_\_

2 or 3 days \_\_\_\_\_ Run Event Mileage \_\_\_\_\_

4 or more days \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

Alcohol insurance for event  Yes  No

EVENT WAIVERS MUST BE FILLED OUT AND SIGNED BY EVERYONE PARTICIPATING IN THE EVENT (blank waivers are available for download at <http://www.abateflorida.com/forms>). Completed forms MUST be returned to the State Office postmarked within **10 calendar days** after the event.

**MAIL THIS COMPLETED FORM, EVENT FLYER, AND CHECK TOGETHER TO STATE OFFICE**

**ABATE OF Florida, Inc. STATE OFFICE  
PO BOX 614, Cantonment Fl. 32533**

**Insurance Questions? 386-943-9610**