a Division of Specialty Program Group, LL in California SPG Insurance Solutions License #0L09546 Address: 600 Market St., Chanhassen, MN 55317

**JonesBirdsong** 

## Submit application via email or fax.

Scan and email insurance page to: amainsurance@jonesbirdsong.com or fax to: (612) 392-2166. Subject line: AMA Organizer Insurance – [Your Charter Name]

## 2025 COMPETITION Event Insurance Options

Public/Spectator and Participant Legal Liability Premiums

**Insurance questions? Contact** Matt Mowan at Jones Birdsong LLP at 952-467-6111. Insurance rates guaranteed for events conducted 1/30/2025-1/29/2026. Program serviced by Specialty Program Group, LLC.

## \* All premiums are subject to a 2% Surplus lines Tax

Motocross, Enduro, Stadiumcross, Endurocross, Rel-Enduro, and ISDE Competition				\$1,000,000 LIMIT
Class 1A (350 or More Registered Riders)				□ \$1403
Class 1B (250 to 349 Registered Riders)				□ \$1158
Class 1C (249 or Less Registered Riders)				□ \$749
Track Competition (Flat Track, D	rag, Hillclimb, Ice Rac	ing, Road Race, Spee	edway, Supermoto)	
Class 2				□ \$887
Off-Road Competition				
Class 3A (250 or More Registered Riders)				□ \$1403
Class 3B (249 or Less Registered Riders)				□ \$1090
Observed Trials				
Class 4				□ \$325
Competition Schools				
Class 10A (50 or More Registered Riders )				□ \$371
Class 10B (49 or Less Registered Riders)				□ \$187
For options above \$1,000,000, please contact Matt	Mowan at 952-467-6111.	*Certain	events will be subject to	review, referral, and
Additional Coverage & Terms		adjusted 1	cating where necessary.	
	ass 10 events. Il event rate for high or and/or day after er e is available. e submitted after receiv	est category vent are included ving your sanction auth	<ul> <li>Practice: Day before event = 25% of event rate and ambulance must be on site for practice for competition events.</li> <li>Track Day: 30% of event rate and ambulance must be on site.</li> <li>Event attendance subject to audit.</li> <li>Misreporting may result in loss of coverage, sanction privileges, and fines.</li> <li>In order to receive credit for any event changes or cancellations, you must notify within 30 days after the original event date.</li> <li>orization. Insurance is only valid if the sanction has been approved.</li> <li>upplication is not received 10 days prior, insurance coverage may not be put in place.</li> </ul>	
PROMOTER/CLUB NAME			CHARTER NUMBER	PHONE
CONTACT PERSON			EMAIL	
SANCTION NUMBER (Required)			EVENT TITLE	
EVENT LOCATION			EVENT DATE(S) (Racing date(s) only)	
EXPECTED PARTICIPANT COUNT	PRACTICE DATE(S)	CAMPING DATE(S)	SET UP DATE(S)	TEAR DOWN DATE(S)
Additional Insureds & Insuran INCLUDED ADDITIONAL INSUREDS: Event Officials and all other event participants	Site Landowners/Mar	•		· · · · · · · · · · · · · · · · · · ·
PLEASE LIST REQUESTED ADDITIONAL INS				

If you are using federal or state land for your event and the governmental entity is requesting to be added as an additional insured, please provide a copy of the address for the Governmental Entity. LIST ANCILLARY EVENTS OR INTERMISSION SHOWS, EITHER ON OR OFF THE PREMISES DURING THE SANCTIONED MEET. (ex. Swap Meets, Concerts, Stunt Performers, Amusement Rides, Pit Bike Races, etc.)