



# CHAPTER APPLICATION FOR NON-APPROVED OR OPEN ACTIVITIES

**FORM MUST BE FULLY COMPLETED TO BE CONSIDERED.**

Mail or fax completed form six weeks prior to event to:

**Harley-Davidson Insurance**  
222 W. Adams, Suite 3100  
Chicago, IL 60606

**FAX:** 800-699-2142 • **PHONE:** 888-690-5600 • **EMAIL:** *dealershipinsurance@hdfsi.com*

**What to Do:** 1) Fill out the form completely. All information must be provided. 2) Mail or fax the completed form to the address above. 3) Include any promotional flyers. 4) If you have questions, please contact Harley-Davidson Insurance at the number above. (Excluded activities are not eligible for coverage)

Today's Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Officer Position/Title: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone/Day: \_\_\_\_\_ Phone/Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Activity/Event Date(s): \_\_\_\_\_ Scheduled Hours: \_\_\_\_\_

Final Destination: \_\_\_\_\_ Anticipated Total Attendance: \_\_\_\_\_

Anticipated Number of Your Local Chapter Members Attending: \_\_\_\_\_

Anticipated Number of Members from other H.O.G.® Chapters Attending: \_\_\_\_\_

Will there be food provided?  Yes  No

Please list non-approved activities and/or open events:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Does this activity involve an element of speed?  Yes  No

Are passengers allowed, or required, to participate with the rider?  Yes  No

Number of miles (if applicable): \_\_\_\_\_

**Detailed Description:** Give a precise description of the activity/event. If a bike game, include details such as diagrams, rules, safety precautions. Attach promotional flyers and lists of activities. Provide this information for each non-approved activity you are proposing. Attach additional sheets as necessary.