LEAGUE OF AMERICAN BICYCLISTS

PREMIUM SUBMISSION FOR SPECIAL EVENT
(Due within two (2) weeks after the Special Event)

1. Name of Club:_____

2. Name of Event:_____

3. Date of Event:_____

4. Actual Number of Participants:_____

5. Actual Premium Due*:_____

*	For the first 1,000 riders	$ .85 per rider	____ x $.85 = _____
	For the second 1,000 riders	$ .70 per rider	____ x $.70 = _____
	For each rider in excess of 2,000	$ .50 per rider	____ x $.50 = _____
	Minimum premium:	**$50. per event**	
			Total _____

Please make check payable to: American Specialty Insurance Services, Inc.
P.O. Box 309
Roanoke, IN 46783-0309

_____ _____
Club Representative Date

If you have any questions, please contact American Specialty at 1-800-245-2744

SPORTS ENTERTAINMENT
AMERICAN SPECIALTY™