



AERC (Sanctioned Event Coverage) CERTIFICATE OF INSURANCE REQUEST FORM
Please submit a Certificate Request for each ride. This is not a binder. Please type or print clearly.

SECTION 1: RIDE MANAGER INFORMATION

NEED BY DATE: []

Ride Manager Name _____

Mailing Address: _____

Email _____ Tel # _____ Fax # _____

SECTION 2: RIDE INFORMATION / CERTIFICATE HOLDER

Name of Event _____ Event Date (include all days) _____

Event Address _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.

Landowner / Facility Owner (Select One) [] PROOF OF INSURANCE [] ADDITIONAL INSURED (AI)

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

[] Special Wording Required Copy attached? [] Yes [] No

Sponsor / Lessor (Select One) [] PROOF OF INSURANCE [] ADDITIONAL INSURED (AI)

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

[] Special Wording Required Copy attached? [] Yes [] No

Authorized Requester (Signature) Please print the application & sign in blue or black ink

Date

Print Name

• PLEASE FAX COMPLETED FORM TO: 303-614-6967. SEND TO: "ATTN: AERC CERTIFICATE REQUEST" •