



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)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
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Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Special Wording Required Copy attached? Yes No

Sponsor / Lessor (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED (AI)
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Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Fax #: _____ Email: _____

Special Wording Required Copy attached? Yes No

 Authorized Signature

 Date

 Print Name

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