

**AERC Sanctioned Ride
CERTIFICATE OF INSURANCE REQUEST FORM**

This form is required for every ride for insurance to be in place.

SECTION 1: RIDE MANAGER INFORMATION

Ride Manager(s) Name _____

Ride Secretary Name: _____

Email to receive correspondence (certificates will be emailed here): _____ Telephone #: _____

SECTION 2: RIDE INFORMATION

Name of Ride _____ Ride Dates as they appear on the AERC calendar _____

If permits were pulled, what are the permit dates? _____

Will additional dates for set-up and take-down be required? ___ No ___ Yes

Please list specific dates and purpose of request _____

State where ride will take place ___ List the ride location(s) _____

NOTE: Please refer to any agreements or contracts when selecting the interest of the certificate holder. Include all special wording requirements with this request.

We must have a complete mailing address for each Certificate Holder, or the certificate will not be issued.

#1

Certificate holder name: _____ Attn: _____

Full mailing address: _____

Certificate is for (select one): ___ Proof of Insurance or ___ Additional Insured

Certificate holder interest (check all that apply): ___ Landowner ___ Facility Owner ___ Sponsor ___ Equipment Lessor

#2

Certificate holder name: _____ Attn: _____

Full mailing address: _____

Certificate is for (select one): ___ Proof of Insurance or ___ Additional Insured

Certificate holder interest (check all that apply): ___ Landowner ___ Facility Owner ___ Sponsor ___ Equipment Lessor

Full name of person requesting this ride and certificates: _____ email address: _____

Please Email Completed Form to: info@equisure-inc.com or Fax to 303-614-6967