

**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 \_\_\_\_\_ Alt Manager (if applicable) \_\_\_\_\_

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 \_\_\_\_\_

Permits obtained (list the entity BLM, USEF, State, etc.) \_\_\_\_\_

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.*

CERTIFICATE HOLDER (Select One) \_\_\_ PROOF OF INSURANCE **OR** \_\_\_ ADDITIONAL INSURED (AI)

*Certificate holder interest*

*Check all that apply:* \_\_\_ LANDOWNER \_\_\_ FACILITY OWNER \_\_\_ SPONSOR \_\_\_ EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

CERTIFICATE HOLDER (Select One) \_\_\_ PROOF OF INSURANCE **OR** \_\_\_ ADDITIONAL INSURED (AI)

*Check all that apply:* \_\_\_ LANDOWNER \_\_\_ FACILITY OWNER \_\_\_ SPONSOR \_\_\_ EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Attn: \_\_\_\_\_

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

**Please Email Completed Form to: [info@equisure-inc.com](mailto:info@equisure-inc.com) or Fax to 303-614-6967**