



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

Ride Manager Name: _____

Mailing Address: _____

Email: _____ Telephone #: _____ Fax #: _____

SECTION 2: RIDE INFORMATION / CERTIFICATE HOLDER

Name of Ride: _____ Ride Dates (include all days): _____

Ride Address: _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate of Insurance requires special wording. We must have a complete mailing address for each Certificate Holder.

CERTIFICATE HOLDER (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	OR	<input type="checkbox"/> ADDITIONAL INSURED (AI)
Check all that apply: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR			

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

CERTIFICATE HOLDER (Select One)	<input type="checkbox"/> PROOF OF INSURANCE	OR	<input type="checkbox"/> ADDITIONAL INSURED (AI)
Check all that apply: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> FACILITY OWNER <input type="checkbox"/> SPONSOR <input type="checkbox"/> EQUIPMENT LESSOR			

Certificate Holder Name: _____

Mailing Address: _____

City/State/Zip: _____

Attn: _____

Authorized Signature: _____  Date: _____

Print Name: _____

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