



## AERC Clinic Insurance Application

Name of Clinic: \_\_\_\_\_ \*Dates of Clinic: \_\_\_\_\_

Names of all participating facilitators/clinicians. Include contact information and AERC membership number:

NAME	PHONE/EMAIL	AERC #
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Clinic Type:  One Day "Endurance 101" Un-mounted Clinic (enclose \$20 co-pay)  
 One Day "Endurance 201" Mounted Clinic (enclose \$20 co-pay)  
 Overnight "Endurance 201" Mounted Clinic (enclose \$50 co-pay)

Estimated Number of Participants \_\_\_\_\_

Clinic Address \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP

### Certificate Holders:

Name \_\_\_\_\_ Landowner or Facility (**Circle One**)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Landowner or Facility (**Circle One**)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment enclosed:  Check  Visa/Mastercard: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

\*Insurance application requests will be processed in the order they were received. Submit to the AERC office at least 30 days prior to the clinic for processing. If you wish to have clinic information placed in Endurance News, 60 days notice is required; please include a clinic flyer or additional contact information for EN notice.

*This clinic insurance is provided by Equisure, Inc., an insurance agency, in cooperation with AERC.*

**AERC • P.O. Box 6027 • Auburn, CA 95603 • 866-271-2372 • Fax 530-823-7805 • [www.aerc.org](http://www.aerc.org) • [office@aerc.org](mailto:office@aerc.org)**