

CERTIFICATE REQUEST FOR B.A.S.S. FEDERATION NATION TOURNAMENTS AND EVENTS

Please type or print. Allow 5 to 7 business days for processing. Request may be e-mailed, faxed or mailed to the attention of Melanie Walters and/or Carolyn Sims at Aon Private Risk Management Insurance Agency, Inc. Certificates will be e-mailed, faxed or mailed to you for distribution to any requested certificate holders or additional insureds. If special wording is required by a governmental entity or landowner, please also remit a copy of the permit or agreement to ensure your certificate is processed correctly and promptly.

E-mail the request to Melanie Walters at Melanie.Walters@aon.com and/or fax to 847-953-2323 or Carolyn Sims at Carolyn.Sims@aon.com and/or fax to 847-953-2328. It may also be mailed to Aon Private Risk Management Insurance Agency, Inc., 1000 Milwaukee Avenue, 1st Floor, Glenview, IL 60025. If you have any questions, please contact us at 847-953-6448 and/or 847-953-6526.

CLUB INFORMATION:

Name of State Federation/Affiliated Club/Federation Junior Club: _____

Club Representative & Title: _____

E-Mail Address: _____

Phone #: _____

Fax #: _____

Date of Certificate Request: _____

EVENT INFORMATION:

Name of Event: Date(s) of Event*: Hours of Event: Location of Event:

Please circle whether your request for a Certificate of Insurance is for proof only or whether Additional Insured status is required.

PROOF OF INSURANCE (circle one option) ADDITIONAL INSURED

The following portion should be completed ONLY when Additional Insured status is required and should be completed with the information of the party requiring Additional Insured status

If request is for Additional Insured status, is this a requirement of a written contract (circle one): Yes No

Name:

Address:

Relationship of Additional Insured to club (circle one): Landowner

Sponsor

Other (please explain):

*A separate request form must be completed for each event for which certificates are requested.