

Affiliate Certificate Request Form (with Event Checklist & Planning Document)

The ACA will issue a certificate of insurance, evidencing coverage, to all Affiliates and their event organizers in good membership standing for their events.

The ACA's insurance may cover third parties associated with an event (ex: sponsors, landowners, etc.) by naming them as "additional insureds." If a third party requests an "Additional Insured" listing, the Affiliate must fill out the appropriate section of this form and submit it to the ACA along with a fee of \$20 for each requested

additional insured.

Certificate Requests made less than (10) days prior to the date needed will incur an additional rush fee of \$25.

All fields of this form must be completed. Missing fields invalidate certificate request form.

Services	Fee
Sanctioning Fee	\$25
Rush Fee (if applicable)	\$25
Request to list Additional Insured on certificate of insurance	\$20 (per additional insured)

Date Certificate of Insurance is needed: _____

Event Name: _____

Event Date: _____

Venue (Waterway, Park, etc.): _____

Nearest City: _____ State: _____

Estimated # of Participants: _____

Event Description: _____

Affiliate Name (club, org., business, etc.): _____

ACA #: _____

Primary Event Organizer Name: _____

ACA #: _____

(Both the Affiliate and Event Organizer must be current members of the ACA. Call (703) 451-0141 x17 to verify membership.)

Mailing Address (Affiliate or Primary Event Organizer): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address of Primary Event Organizer: _____

Web Address (Affiliate or Event): _____

(Certificates will be sent via email to the address provided above. If no email is provided, certificate will be sent via fax.)

Additional Insureds**

***Please list any additional insureds that need to be listed on the Affiliate's certificate of insurance. If you have multiple Additional Insureds please attach a separate sheet. You will need to include the information below for each Additional Insured.*

Complete Name of Additional Insured: _____

Contact Person for Additional Insured: _____

Additional Insured Mailing Address: _____

Additional Insured Phone Number & Fax: _____

Additional Insured Email Address: _____

Please outline the relationship of the additional insured to the activity or Affiliate (ex: sponsor, landowner, etc.):

Please specify below Additional Insured wording if name on Certificate is different than name above or attach a copy of their written request or instructions. American Specialty must review and approve request.

As concerns the Additional Insured above, has the Affiliate entered into any agreement, contract, or permit that contains Assumption of Liability, Indemnification, or Hold Harmless Language? **Y or N (Circle One)**

If "yes", please forward a copy of the document with this request.

Event Checklist & Planning for Affiliates

The following pre-activity/event checklist is intended to demonstrate that the activity/event organizers have properly planned this activity/event in order to prevent accidents and handle emergencies if (when) they occur and will help you prepare an appropriate emergency plan. Please also refer to the "Sanctioning Requirements and Guidelines for Affiliates." If more room is needed, please attach additional information as it relates to the event. Checklist items may not apply to certain Affiliate events.

Activity/Event Support Team

How many staff and volunteers do you plan to involve?

Who is the activity/event Safety Coordinator?

Who is responsible for planning and leading emergency procedures?

Who is responsible for inspecting the activity event site for possible hazards?

Who is responsible for coordinating officials and insuring that all rules are followed?

Who is responsible for relaying activity/event rules and possible hazards to participants?

Emergency Plans

All activity/event management must be briefed on emergency procedures, both for spectators and participants. Briefing should include procedures to follow in case of medical or other emergency including location of medical personnel, emergency evacuation plans, location of communication equipment, etc.

What are your procedures for medical emergencies?

Are there emergency vehicles on site?

What are your plans for emergency communication?

Briefly, what are your plans for emergency evacuation of spectators and participants?

Activity/Event Site

How many spectators are you expecting? 0 on rivers. Possibly up to ten at the Girl Scout Camp

Are there safety boats, and if so, how many and how will they be used?

What provisions are being made for shelter from sun, heat or cold?

What provisions are being made for drinking water and toilet facilities?

How will you manage spectators?

As the ACA member/Event Organizer in charge of this even, acting as an agent of the ACA Affiliate, I hereby agree that the event will be conducted in accordance with all ACA requirements, risk management, and all other rules, guidelines, and conditions established by the ACA. I have read and fully understand the sanctioning requirements established by the ACA, I have personally inspected the event site(s) and I attest to the fact that such site(s) are appropriate for use in this event and free of undue hazards.

Signature: _____ Date: _____

Payment

Checks (payable to the "ACA")
Send Check to:
ACA
7432 Alba Station Blvd.
Suite B-232
Springfield, VA 22150

Sanctioning Fee (\$25)	\$ _____
Rush Fee (\$25)	_____
Additional Insured	_____
_____ X \$20 each	_____
Total:	\$ _____
<i>Please do not send cash</i>	

Credit Card: Visa Mastercard AmEx Discover Exp. Date: _____

Card No. : _____

Name on _____ Signature: _____