



AVA# _____

Region _____

CERTIFICATE OF INSURANCE APPLICATION

In order to add someone as an additional insured on the Association's insurance, complete the following application and submit it to the AVA National Office **AT LEAST 60 DAYS PRIOR TO EVENT DATE**. A single form can be submitted for multiple events. For example, **IF** the events are held on the same day at the same location with the same additional insured. There is no cost to the club unless the 3rd party requirement exceeds our insurance aggregate limit.

NAME OF CLUB: _____

CLUB ADDRESS: _____

EVENT DATE: _____ EVENT NUMBER: _____ TYPE OF EVENT: _____

EVENT LOCATION: _____

POINT OF CONTACT: _____ PHONE: _____

EMAIL: _____

You may list as many additional insureds as necessary for your event (use extra pages as needed).

ADDITIONAL INSURED – Property owners only along event route, start, registration and finish. No co-sponsors. **RELATIONSHIP TO EVENT**

Name: _____

Address: _____

City/State/Zip: _____

Name: _____

Address: _____

City/State/Zip: _____

Name: _____

Address: _____

City/State/Zip: _____

CERTIFICATE SHOULD BE MAILED TO:

CERTIFICATE MUST BE IN THEIR HANDS BY: _____ **FAX COPY TO:** _____

Submitted by: _____ Title: _____

FOR OFFICE USE ONLY

Date Received at National Headquarters: _____ Invoiced: _____

Date Sent to Insurance Agency: _____ Fax: _____ Mail: _____

American Volkssport Association, 1032 S. Alamo St., San Antonio, TX 78210
Office: 210-659-2112 CST 9:00 a.m. – 5:00 p.m.
Fax: 210-659-1212