

**APPLICATIONS FOR CERTIFICATES OF LIABILITY INSURANCE
MUST BE SUBMITTED ON THIS FORM OR ONLINE.**

An application must be received by your AAU District at least 30 days prior to an event or first date of facility use to allow appropriate time for processing. A check for **\$25.00** made payable to the AAU must accompany each request. A check for **\$100.00** must accompany all Requests received by your AAU District with less than 30 days prior to the event or the first date of facility use.

NO APPLICATION FOR CERTIFICATES WILL BE TAKEN OVER THE PHONE.

It is extremely important to be certain that sufficient time is allowed for your application to be received by your AAU District.

INSTRUCTIONS:

1. Make sure that **all** information pertinent to the **Member Club** is complete, including the address and daytime telephone number.
2. Make certain that **all** information pertinent to the **Event** is provided. We must have the exact date(s) of the event (rather than the days of the week). **No applications will be processed without a Event Code being listed.** Contact your AAU District if you do not know your Event Sanction Code.
3. In the **Certificate Holder Information** section of the form, the Name and Address of the facility must be **exactly as the facility requests**. Please check with the facility as to how they want to be listed. Otherwise you may be starting all over again when the facility rejects your certificate.
4. Make certain to include (if any) a copy of the contract, permit, or agreement necessitating the Certificate.
5. The Certificate(s) will be available 12 to 36 hours after receipt and processing by the local AAU District office. (You can now request Insurance Certificates online at www.aausports.org also).

APPLICATION FOR THIRD PARTY CERTIFICATE – VALID ONLY FOR DATES APPROVED**ONLY REQUEST A CERTIFICATE IF REQUIRED**

DISTRICT NAME: _____ APPLICATION DATE: _____/_____/_____

NAME OF EVENT: _____ SPORT: _____

DATE(S) OF EVENT: _____/_____/_____ TO _____/_____/_____ TOTAL # OF DAYS: _____

★ EVENT SANCTION CODE _____ ★ (MUST BE FILLED IN - IF PRACTICE USE CLUB CODE FOR EVENT SANCTION CODE)

MEMBER CLUB INFORMATION

CLUB NAME: _____ CLUB NUMBER: _____

CONTACT NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) _____ (_____) _____ (_____) _____
HOME NUMBER WORK NUMBER CELL NUMBER E-MAIL ADDRESS**EVENT INFORMATION****EVENT CATEGORY (✓ CHECK ONE CATEGORY ONLY)**

- PRELIMINARY INTER-DISTRICT REGIONAL CHAMPIONSHIP DISTRICT CHAMPIONSHIP
 INVITATIONAL LEAGUE NATIONAL CHAMPIONSHIP DEMONSTRATION / CLINIC
 PHYSICALLY CHALLENGED EVENT PRACTICE

THIS EVENT WILL ALLOW THE FOLLOWING TO PARTICIPATE

- YOUTH MALE FEMALE BOTH AGE GROUP(S) _____
 ADULT MALE FEMALE BOTH AGE GROUP(S) _____

NUMBER OF AGE GROUPS PARTICIPATING: _____ ESTIMATED NUMBER OF PARTICIPANTS: _____

THIRD PARTY CERTIFICATE INFORMATION**(NAME OF ENTITY or FACILITY or PERSON YOU WANT INSURED)**

IF MORE THAN ONE CERTIFICATE REQUESTED, ATTACH A TYPED LIST FOR EACH ADDITIONAL CERTIFICATE GIVING INFORMATION REQUESTED BELOW

NAME OF THIRD PARTY INSURED _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

(_____) _____ (_____) _____
DAYTIME PHONE NUMBER FAX NUMBER(_____) _____ (_____) _____
CELL NUMBER E-MAIL ADDRESS

**COPIES OF ISSUED THIRD PARTY CERTIFICATES ARE AVAILABLE ONLY THROUGH
THE AAU WEB SITE – WWW.AAUSPORTS.ORG**

FEES**\$25.00** - PER REQUEST IF RECEIVED BY YOUR AAU DISTRICT AT LEAST 30 DAYS PRIOR TO DATE(S) OF EVENT**\$100.00** - PER REQUEST IF RECEIVED BY YOUR AAU DISTRICT LESS THAN 30 DAYS PRIOR TO DATE(S) OF EVENT**ADD + \$10.00** – PER CERTIFICATE, IF REQUESTING 200 OR MORE CERTIFICATES**MAIL THIS APPLICATION TO YOUR AAU DISTRICT**