CERTIFICATE OF INSURANCE REQUEST FORM

If you are required by your venue to provide a Certificate of Insurance, please complete this form and email to asstmanager@asca.org no later than 30 days prior to event start date.

Insurer	Colony Insurance Co.	This insurance coverage applies only to the		
Policy No.	GL671249R6	 Continental U.S. Coverage is not afforded for Canada, Mexico or Europe by this insurer. 		
	ercial General Liability		Combined Single Unit \$1,000,000	
Bodily Injury and Property Damage			General Aggregate \$2,000,000	
If you fail to complete all fields, your request cannot be processed				
AFFILIATE CLUB				
ADDRESS				
CITY	STATE		ZIP CODE	
CONTACT NAME		PHONE		
EMAIL				
EVENT DATES				
EVENT DATES				
LOCATION OF EVENT (CITY/STATE)				
EVENT				
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CERTIFICATE				
HOLDER (Venue)				
ADDRESS				
CITY	STATE		ZIP CODE	
CONTACT NAME			PHONE	
EMAIL				
Additional Insured Endorsement				
If the Certificate Holder requests to be added as an Additional Insured under ASCA's insurance,				
such a request MUST be in writing and you MUST include a copy of the written rental or lease agreement with this request				
agreement with this request				
NOTES				

This policy does not cover ASCA members or participants; only spectators and nonmembers. We recommend that Affiliates obtain their own policy to cover affiliate members and participants.