



USA GYMNASTICS REQUEST FOR CERTIFICATE OF INSURANCE FORM

PLEASE ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING.

Return Completed Form to: Aon Risk Services

Fax Number (original copy only) : <u>800-363-0105</u>	Number of Pages: _____
Email all 3 addresses listed below: 1. acs.chicago@aon.com 2. tricia.hill@aon.com 3. brandon.m.taylor@aon.com	<i>Please do not email USA Gymnastics Member Services. COI Request MUST be submitted to AON.</i>
Date of Request: ____ / ____ / ____	Date Needed by: ____ / ____ / ____
COI Return Time Option: Standard (48 Hours) <input checked="" type="checkbox"/>	Rush <input type="checkbox"/> (within 24 Hours)

Named Insured Information

Named Insured:	USA Gymnastics	Bridge #	570000075553
Entity/Subsidiary:	USA Gymnastics		
Entity Address	1099 N Meridian Street, Suite 800 Indianapolis, IN 46204		

Requestor Information: (Please Print – No Cursive)

Requestor Name:	
Requestor Telephone Number:	
Requestor Email Address:	

Certificate Holder: (Please Print – No Cursive)

Certificate Holder:	
Address:	
City, State, Zip Code:	

Description / Interest *sanctioned details*

Coverage & Limits Information:

Sanction Number:		Coverage:	Limits Required
Date of Event:		<input checked="" type="checkbox"/> General Liability:	<input checked="" type="checkbox"/> Standard
Name of Event:			
Site of Event:			

Additional Insured / Interests

<u>Additional Insured</u>	<u>Relationship to Event</u>
	Certificate Holder
	Equipment Supplier
	Venue

*If an entity is requested to be named as Additional Insured, please provide the contract with this requirement for review.

Distribution (Please provide fax numbers, mailing & email addresses if not already included in request)

Original to	<input checked="" type="checkbox"/> Requestor	By Fax	By Mail	<input checked="" type="checkbox"/> By Email
	<input checked="" type="checkbox"/> Certificate Holder (if different than requestor)	By Fax	By Mail	<input checked="" type="checkbox"/> By Email