

d. **Insurance Request.** To submit a request for additional insurance, find the event number you wish to change (see Figure 9) and click on the REQUEST button. The insurance form shown in Figure 11 will appear. Follow the instructions on the form to complete the form online. Click on your print screen button at the top margin to print a copy of what you have submitted. Then click on the Submit button to send the form to AVA Headquarters.

Insurance Certificate Request Form

In order to add someone as an additional insured on the Association's insurance, complete the following and submit to the AVA National Headquarters at least **60 days prior** to the event date. A single form covers **only** the event indicated. If you require coverage for additional events, you must submit a separate form for each covered event. Costs for multiple events is determined by policy set by the Association. If there are any questions, please contact AVA Headquarters for further assistance.

Event : 70900

AVA-0482

Club Name: [\(click here to return to the club home page\)](#)

Club Number:	AVA-0482	Event Number:	70900
Event Date:	9/9/2005	Event Location:	Bellingham
Point of Contact:		Contact Phone:	
Contact EMail:		Contact FAX:	
Mail Certificate to:			
Certificate Due by:		mm/dd/yy	
Additional Insured			
<small>You may list up to 5 additional insured below. If you need to add more, submit a new form.</small>			
Insured #1	Name:	<input type="text"/>	Address: <input type="text"/>
	City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
	Relationship to event: <input type="text"/>		
Insured #2	Name:	<input type="text"/>	Address: <input type="text"/>
	City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
	Relationship to event: <input type="text"/>		
Insured #3	Name:	<input type="text"/>	Address: <input type="text"/>
	City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
	Relationship to event: <input type="text"/>		
Insured #4	Name:	<input type="text"/>	Address: <input type="text"/>
	City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
	Relationship to event: <input type="text"/>		
Insured #5	Name:	<input type="text"/>	Address: <input type="text"/>
	City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
	Relationship to event: <input type="text"/>		

[\(click here to return to the club home page\)](#)

Figure 11. AVA Additional Event Insurance Form