

# REGION 15 AHA INSURANCE REQUEST

ACTIVITY NAME \_\_\_\_\_

DATE(S) \_\_\_\_\_

LOCATION (STREET ADDRESS) \_\_\_\_\_

IDENT. NUMBER : AHA \_\_\_\_\_ USEF \_\_\_\_\_ USDF \_\_\_\_\_

OTHER NUMBERS/ORGANIZATIONS AS NEEDED \_\_\_\_\_

EVENT MANAGER NAME/ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

ADDITIONAL INSURED(S) (ASSOCIATIONS, GROUNDS OR BUILDING OWNER AS REQUIRED) \_\_\_\_\_

Please send Certificate of Insurance to (also please include fax number) If required:

***If certificate not needed for any listed Association please draw a line through***

USEF, 4047 Iron Works Parkway, Lexington, KY 40511 Fax: 859-231-6662

AHA, 10805 E. Bethany Drive, Aurora, Colorado 80014 Fax: (303) 696-4599

USDF, 4051 Iron Works Parkway, Lexington, KY 40511 Fax: (859) 971-7722

**PLEASE SEND REQUEST AT LEAST 90 DAYS PRIOR TO EVENT TO INSURE COVERAGE HAS BEEN CONFIRMED**

SEND COMPLETED FORM TO:

Martin Kleiner, PO Box 412, Schaefferstown, PA 17088-0412