

Request for Extended Benefit (AB) or Sponsor Third Party Certificate

To have extended coverage (AB), the following criteria applies:

- For team competitions, the entire competing team and coach (non-athlete) must be AAU extended coverage (AB) members.
- The competition must be formally scheduled, supervised **and HOSTED by a recognized sport association, civic organization or school (and not be a member of the AAU).**
- If you are a member of the AAU in the extended coverage (AB) category and host an event that is not sanctioned by the AAU, you forfeit your rights of extended coverage (AB), for that event only.

To request a Sponsor named as a Third Party Additional Insured the entity must be benefactor or donor who supports a member club.

I agree that in order for this/these certificates to be valid everyone must have obtained their individual AAU Extended Benefit Membership before participating.

I understand that Extended Benefit Certificates are issued with one start date for all certificates and the end date can go until August 31st of the current membership year only.

I agree that certificates are not transferable, may not be shared and can only be use by the club who requested them.

I understand once certificates have been purchased/issued, the club name cannot be changed.

Club Name:

Club Code:

Contact Name:

Contact Member ID:

Extended Benefit Certificate

Sponsor Certificate

Dates of Coverage: to

Entity to be Named as Third Party:

Address:

City:

State:

Zip:

Entity to be Named:

Address:

City:

State:

Zip:

Entity to be Named:

Address:

City:

State:

Zip:

Entity to be Named:

Address:

City:

State:

Zip:

For additional Third Party Extended Benefit Certificates use blank Sheet and include the required information.

Third party/additional insured certificate fees apply:	<u>Fee</u>	<u>Expedite Fee</u>	<u>Total</u>
Start date is 31+ days from today	\$50	NA	\$50

Please submit to Insurance@aausports.org or mail to: AAU
P O Box 22409
Lake Buena Vista, FL 32830

Please call 407-934-7200 for payment or provide phone number below for payment