

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

Please Note: **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 Entity or civic organization (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 licensed by the AAU, you forfeit your rights of extended coverage (AB), for that event only.

Please Note: A Sponsor named as a Third Party Additional Insured:

Is a **benefactor or donor who supports a member club.**

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

Club Code:

Club Name:

Contact Name:

Contact Member ID:

Extended Benefit Certificate

Sponsor Certificate

Dates of Coverage: _____ to _____

Entity/Facility to be Named as Third Party:

Address:

City, State, Zip

Entity/Facility to be Named:

Address:

City, State, Zip:

Entity/Facility to be Named:

Address

City, State, Zip

Entity/Facility to be Named:

Address:

City, State, Zip

Third party/additional insured certificate fees apply:	<u>Fee</u>	<u>Expedite Fee</u>	<u>Total</u>
Start date is 31+ days from today	\$35	NA	\$35
Start date is 16-30 days from today	\$35	\$64	\$100
Start date is 0-15 days from today	\$35	\$100	\$135

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

Payment information must accompany form:

Credit Card Number:

Expiration Date:

CID Code: