



## LEAGUE OF AMERICAN BICYCLISTS REQUEST FOR CERTIFICATE OF INSURANCE



*(This form is only utilized when it is a requirement of the Third Party)*

NAME OF CLUB: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ DATE CERTIFICATE NEEDED BY: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SPECIAL EVENT**

NAME OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

SITE OR LOCATION OF EVENT: \_\_\_\_\_

**CLUB ACTIVITY**

TYPE OF ACTIVITY: \_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_

CERTIFICATE HOLDER: \_\_\_\_\_

CERTIFICATE HOLDER ADDRESS: \_\_\_\_\_

CERTIFICATE HOLDER PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DOES THE CERTIFICATE HOLDER REQUIRE ADDITIONAL INSURED\* STATUS?  YES  NO

If yes, please specify Additional Insured wording: \_\_\_\_\_

*\*Additional Insured should only be checked if it is a requirement of the Certificate Holder.*

If the Certificate Holder requires Additional Insured status, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.): \_\_\_\_\_

Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language?  Yes  No *(If "yes," please forward a copy of the document with this request.)*

ORIGINAL CERTIFICATE SHOULD BE SENT TO:  Certificate Holder  Club

PLEASE FORWARD COMPLETED REQUEST TO:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

7609 W. JEFFERSON BLVD., SUITE 100

FORT WAYNE, INDIANA 46804-4133

ATTN: RENE WATERSON

FAX: 260.969.4729

EMAIL: RWATERSON@AMERICANSPECIALTY.COM



## LEAGUE OF AMERICAN BICYCLISTS SMART CYCLING PROGRAM REQUEST FOR CERTIFICATE OF INSURANCE



(This form is only utilized when a facility/organization requires a Certificate of Insurance)

1. Name of League Cycling Instructor (LCI): \_\_\_\_\_  
Address of LCI: \_\_\_\_\_
3. League Cycling Instructor (LCI) # \_\_\_\_\_
4. Date of Request: \_\_\_\_\_
5. Person completing this form: \_\_\_\_\_  
Email address: \_\_\_\_\_
6. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
7. Certificateholder: \_\_\_\_\_
8. Contact Person: \_\_\_\_\_
9. Certificateholder Address: \_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_
10. Certificateholder Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
11. Name of Event: \_\_\_\_\_
12. Date(s): \_\_\_\_\_

(ADDITIONAL INSURED SHOULD ONLY BE REQUESTED IF IT IS A REQUIREMENT OF THE CERTIFICATEHOLDER)

13. Have you entered into any agreement, contract, or permit that contains assumption of liability, indemnification, or hold harmless language?  Yes  No  
*If yes, please forward a copy of the document with this certificate request form.*
14. Does the Certificateholder require Additional Insured status?  Yes  No
15. If requesting Additional Insured status, please indicate the role of the Additional Insured:  
 Owner of Premises  Sponsor  Other (please specify): \_\_\_\_\_

**PLEASE FORWARD COMPLETED FORM TO:**

**AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.**  
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