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CERTIFICATE OF INSURANCE / ADDITIONAL INSURED REQUEST FORM

Note: Please allow 24 hours for the issuance of certificates.

Fill out one copy of this form for each entity to be considered as an Additional Insured. Certificates may be issued to landowners and government agencies at no charge. Other entities can be additionally insured for an additional coverage charge.

1. Participating Member's Company Name: _____
 Coverage Contract Number: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Phone Number: _____ Fax: _____
4. Person Making Request: _____ Proposed effective date: _____
5. Email: _____
6. Request is for: Certificate of Insurance Additional Insured (Landowner/government agencies are no charge, all others additional fee)
7. If additional insured, specify relationship: Landowner Government Agency Booking Agent/Entity
 Contractor Concessions Other; Specify: _____
8. Describe reason for request: _____
9. Describe your relationship with the entity listed below: _____
10. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.
 Additional Insured's Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Date of Event: _____ Email: _____
11. Is the limit of liability for the certificate holder to be different than the limit on your coverage contract with the Association? Yes No If yes, please specify amount: _____
12. Is the certificate holder naming you as an additional insured on their insurance? Yes No

REPRESENTATIONS AND WARRANTIES

By signing this request form, the Participating Member or Applicant for insurance hereby represents and warrants that the information provided herein and herewith, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the request, and subject to the same representations and warranties made in conjunction with obtaining the Coverage Contract to which the Additional Insured is being requested to be added.

IMPORTANT: Insurance is provided to participating members under a Master Group Policy of Insurance issued on behalf of the United States Aircraft, Pilots & Mechanics Association, a qualified "Purchasing Group" under the Liability Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

Signature

Date

Print Name