



Instruction Course Certificate Request Form

* "Course" refers to both Courses and Workshops.

The ACA will issue a certificate of insurance, evidencing coverage, to all Instructors and their event organizers in good membership standing for their courses.

The ACA's insurance may cover third parties associated with a course (ex: sponsors, landowners, etc.) by naming them as "additional insureds." If a third party requests an "Additional Insured" listing, the Instructor must fill out the appropriate

section of the "Certificate Request Form" and submit it to the ACA along with a fee of \$20 for each requested additional insured.

Certificate Requests made less than (10) days prior to the date needed will incur an additional rush fee of \$25.

All fields of the "Instruction Course Certificate Request Form" must be completed. Missing fields invalidate certificate request form.

Services	Fee
Sanctioning Fee	\$20
Rush Fee (if applicable)	\$25
Request to list Additional Insured on certificate of insurance	\$20 (per additional insured)

Date Certificate of Insurance is needed: _____

Course Title: _____

Course Dates: _____

Venue (Waterway, Park, etc.): _____

Nearest City: _____ State: _____

Estimated # of Participants: _____

* Instructor Name: _____

ACA #: _____

Competent Aid: _____

ACA #: _____

(* All Instructors must hold current ACA Certification, ACA and SEIC membership. Competent Aids are not required to be ACA Instructors. For Instructor status, please contact SEI at (703) 451-0141.)

Instructor Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Web Address: _____

Additional Insureds**

***Please list any additional insureds that need to be listed on the Instructor's certificate of insurance. If you have multiple Additional Insureds please attach a separate sheet. You will need to include the information below for each Additional Insured.*

Complete Name of Additional Insured: _____

Contact Person for Additional Insured: _____

Additional Insured Mailing Address: _____

Additional Insured Phone Number & Fax: _____

Additional Insured Email Address: _____

Please outline the relationship of the additional insured to the activity or Instructor (ex: sponsor, landowner, etc.):

Please specify below Additional Insured wording if name on Certificate is different than name above, or attach a copy of their written request or instructions. American Specialty must review and approve request.

As concerns the Additional Insured above, has the Instructor entered into any agreement, contract, or permit that contains Assumption of Liability, Indemnification, or Hold Harmless Language? **Y or N (Circle One)**

If "yes", please forward a copy of the document with this request.

As the ACA Instructor in charge of this event, I hereby agree that the course will be conducted in accordance with all ACA requirements, risk management, and all other rules, guidelines, and conditions established by the ACA. I have read and fully understand the sanctioning requirements established by the ACA, I have personally inspected the course site(s) and I attest to the fact that such site(s) are appropriate for use in this course and free of undue hazards.

Signature: _____ Date: _____

Payment

Checks (payable to the "ACA"):

Send check to:

ACA
7432 Alban Station Blvd.
Suite B-232
Springfield, VA 22150

Sanctioning Fee (\$20)	_____
Rush Fee (\$25)	_____
Additional Insured	_____
__ x \$20 each	_____
Total:	\$ _____
<i>please do not send cash</i>	

Credit Card: Visa Mastercard AmEx Discover Exp. Date: _____

Card No.: _____

Name on Card: _____ Signature: _____