



# REQUEST FOR CERTIFICATES OF INSURANCE

Email: [ACS.CHICAGO@AON.COM](mailto:ACS.CHICAGO@AON.COM) Fax: 1 (800) 363-0105

Copy to: [lauren.jones@aon.com](mailto:lauren.jones@aon.com)

Date of Request: \_\_\_ / \_\_\_ / \_\_\_ Date Needed By: \_\_\_ / \_\_\_ / \_\_\_

Standard (24 Hours)  End of Day  Rush (within 4 Hours)

### \*\* Requestor Information

Client Name:	BASS Federation Nation	Bridge #:	980000053052
State Federation / Affiliated Club / Federation Junior Club Name:			
Requestor Name:			
Telephone Number:		Fax Number:	
Email:			

### \*\* Type of Certificate Needed

<input type="checkbox"/> Proof of Insurance / Evidence Only	<input type="checkbox"/> Additional Insured (Fill out next section).
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*Please attach a copy of the permit or agreement to ensure your certificate is processed correctly and promptly.*

### Certificate Holder/Additional Insured Information

Name:	
Address:	
City, State, Zip Code:	
Attention:	

*The above section must be completed when Additional Insured status is requested.*

### Coverage & Limit Information

Coverage	Limits Provided
<input type="checkbox"/> General Liability	\$ 1,000,000

### Event Information (Name of Event / Date(s) / Location)

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### Additional Insured / Waiver of Subrogation (If requested)

<input type="checkbox"/> Standard Additional Insured Wording	<input type="checkbox"/> Standard Wavier of Subrogation Wording
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**\*\* Distribution -** (Please provide fax numbers, mailing addresses & email addresses if not already included in request).

<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:	<input type="checkbox"/> By Mail
<input type="checkbox"/> Requestor	<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:	<input type="checkbox"/> By Mail
<input type="checkbox"/> Other	<input type="checkbox"/> Email:	<input type="checkbox"/> Fax:	<input type="checkbox"/> By Mail

**Questions can be directed to Aon Client Connection at (866) 283-7122**