



USA GYMNASTICS SANCTIONED EVENT CERTIFICATE CERTIFICATE OF INSURANCE

PLEASE ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING.

Fax or Email to: Aon Risk Services	
Fax Number: 800-363-0105	Number of Pages: _____
Email to: ACS.Chicago@aon.com and Charisse.Juzang@aon.com CC: Devyn.Brody@aon.com	
Date of Request: ____/____/____	Date Needed By: ____/____/____
Standard (48 Hours) <input checked="" type="checkbox"/>	Rush <input type="checkbox"/> (within 24 Hours)

Named Insured Information

Named Insured:	USA Gymnastics	Bridge #	570000075553
Entity/Subsidiary:	USA Gymnastics		
Entity Address	1099 North Meridian Street, Suite 800 Indianapolis, IN 46204		

Certificate Holder/Requestor Information

Certificate Holder:	
Address:	
City, State, Zip Code:	
Requestor Name:	
Requestor Telephone Number:	
Requestor Email Address:	

Coverage & Limits Information

Coverage	Limits Required
<input checked="" type="checkbox"/> General Liability:	<input checked="" type="checkbox"/> Standard

Description / Interest

Name of Event:	
Sanction Number:	
Site of Event:	
Date of Event:	

Additional Insured / Interests

<u>Additional Insured</u>	<u>Relationship to Event</u>

*If an entity is requested to be named as Additional Insured, please provide the contract with this requirement for review.

Distribution (Please provide fax numbers, mailing & email addresses if not already included in request)

Original to	<input checked="" type="checkbox"/> Requestor	<input type="checkbox"/> By Fax	<input type="checkbox"/> By Mail	<input checked="" type="checkbox"/> By Email
	<input checked="" type="checkbox"/> Certificate Holder (if different than requestor)	<input type="checkbox"/> By Fax	<input type="checkbox"/> By Mail	<input checked="" type="checkbox"/> By Email
	<input type="checkbox"/> Other	<input type="checkbox"/> By Fax	<input type="checkbox"/> By Mail	<input type="checkbox"/> By Email