



REQUEST FOR CERTIFICATES OF INSURANCE

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

Copy to: 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)

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