



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

6091 E State Hwy 21
Bryan, TX 77808
www.asca.org

P: (979) 778-1082
F: (979) 778-1898
agility@asca.org

ASCA® INSURANCE PROGRAM FOR CANADA

Insurer	Aviva Canada
Policy No.	CMP 81928392
Policy Period	January 26, 2011 – January 26, 2012

LIMITS OF LIABILITY

Commercial General Liability

Bodily Injury and Property Damage Liability

Combined Single Unit	\$1,000,000
General Aggregate	\$5,000,000

This insurance coverage applies only to Canada. NO insurance coverage is afforded for The United States, Mexico or Europe by this insurer.

★If you need insurance coverage for any of the above mentioned locations, please contact the Business Office★

Requests for Certificates of Insurance **MUST be made 30 days prior to event start date.**

If you are required to provide a Certificate of Insurance, please complete form on reverse side and mail, fax, or email to the ASCA® Business Office.



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CERTIFICATE OF INSURANCE REQUEST FORM

★ PLEASE PRINT LEGIBLY, TYPING IS PREFERRED ★

If you fail to complete all fields, your request cannot be processed

AFFILIATE CLUB					
ADDRESS					
CITY		PROVINCE		POSTAL CODE	
CONTACT			PHONE		
EMAIL				FAX	

EVENT DATES								
LOCATION OF EVENT (CITY/STATE)								
EVENT TYPE	<input type="checkbox"/> AG	<input type="checkbox"/> CO	<input type="checkbox"/> OB	<input type="checkbox"/> RLY	<input type="checkbox"/> RCH	<input type="checkbox"/> ST	<input type="checkbox"/> TRK	Other:

*Event Types: AG=Agility CO=Conformation OB=Obedience RLY=Rally RCH=Ranch ST=Stockdog TRK=Tracking

CERTIFICATE HOLDER					
ADDRESS					
CITY		PROVINCE		POSTAL CODE	
CONTACT			PHONE		
EMAIL				FAX	

Additional Insured Endorsement		<input type="checkbox"/> YES
If the Certificate Holder requests to be added as an Additional Insured under ASCA [®] 's insurance, such a request MUST be in writing and you MUST include a copy of the written rental or lease agreement with this request		<input type="checkbox"/> NO

NOTES	

Requests for Certificates of Insurance must be made 30 days in advance. Please send your request via email (PREFERRED), mail, or fax, to the address as indicated above. Should you have any questions regarding ASCA[®]'s insurance program, please call.