



Additional Insured Certificate Requests for ADS-Recognized Events
The American Driving Society, Inc.

This is not a binder. Fill in the individual or corporation you wish to have considered as an additional insured and check the relationship for that request. **NOTE: An additional premium will be charged for assistance on Professional Liability applications and that the premium is fully earned.** Be aware that by listing additional insureds you are extending your coverage to the additional insured as to the respects for your liability exposure only and you are sharing your limits. Furthermore, you must notify ADS, who will notify Equisure, of changes to additional insureds.

Additional Insured
Coverage Provided
Landowner/Facility/Sponsor/Equipment Lessor

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

Certificate Holder
Proof of Insurance only/No Coverage Provided
Landowner/Facility/Sponsor/Equipment Lessor

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

Additional Insured
Coverage Provided
Landowner/Facility/Sponsor/Equipment Lessor

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

Certificate Holder
Proof of Insurance only/No Coverage Provided
Landowner/Facility/Sponsor/Equipment Lessor

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

Name of Event: _____
Name of person requesting this addition:
Phone & Email: _____

Date(s) of Event: _____
Current Date: _____

Return this form to the ADS office:
info@americandrivingsociety.org or
PO Box 278, Cross Plains, WI 53528