

Academy of Model Aeronautics

5161 East Memorial Drive

Muncie, IN 47302

Phone: 765-287-1256

Competitions Fax: 765-286-3303

E-Mail: competition@modelaircraft.org



APPLICATION FOR INSURING FLYING SITE OWNERS OR EVENT SPONSORS FOR AMA SANCTIONS

Name of Event _____ Event Date _____ Sanction No. _____

Name of Club and/or Event Sponsor _____ Club No. _____

Contest Director _____ AMA No. _____

Address _____

City _____ State _____ Zip _____ Date Submitted _____

CD's Signature _____

The AMA sanction event certificate is the normal means of providing proof of \$2,500,000 of insurance coverage for the event sponsor. To extend this coverage to landowners or organizations; e.g., flying site owners, government agencies or other social organizations, et al, whose property will be used requires filing of this application. This can be completed and submitted separately or with the sanction application. All requests must be submitted in writing along with fee payment.

In cases where the flying site owner is already issued a Certificate of Insurance under a club charter, no further application is necessary. Any club activity including this sanctioned event is automatically covered.

When special wording is also necessary to satisfy legal counsel representing the property owners(s), these requests usually require the approval of the insurance company. Approval of special wording applications may take several weeks to process from the time of receipt. (See reverse side for details on how to obtain a special wording form.) A fee must be paid, as indicated, for each certificate. To obtain these certificates, this form must be submitted to AMA, so AMA liability protection can be extended to the party or parties named.

This liability protection does not cover claims arising out of the use of aircraft, motor vehicles, or watercraft which transport people as operators or passengers in conjunction with the sanctioned activity.

The certificates issued cover landowners or organizations as "Additional Insured" via an insurance certificate provided by AMA Headquarters.

A \$25.00 fee is required for each certificate issued.

\$ _____ Payment Enclosed

MasterCard/VISA/Discover: _____ Expiration Date: _____

PLEASE NOTE: YOU ARE REQUIRED TO COMPLETE ALL OF THE NECESSARY INFORMATION IN THE SPACE PROVIDED. PLEASE BE ACCURATE – YOUR COVERAGE MAY BE AFFECTED IF AN INCORRECT OR INCOMPLETE NAME IS GIVEN.

List Additional Insured on Reverse Side

Rev 05/16

COMPLETE ONE SECTION FOR EACH ADDITIONAL INSURED REQUESTED

Check the box if a certificate is requested for a specific dated activity only.

A \$25.00 fee is required for each certificate issued.

1. Legal name of additional insured:
Name _____
(As name appears on legal documents; i.e., property title or lease agreement)

Name and mailing address of additional insured listed above:

Name _____ \$25.00

Address _____

City _____ State _____ Zip Code _____

Site Location _____

[] This certificate is ONLY for the following date(s) _____

GPS coordinates- Latitude _____ Longitude- _____

Site Type: Public Land Full Scale Airport School Private Industrial/Business

2. Legal name of additional insured:
Name _____
(As name appears on legal documents; i.e., property title or lease agreement)

Name and mailing address of additional insured listed above:

Name _____ \$25.00

Address _____

City _____ State _____ Zip Code _____

Site Location _____

[] This certificate is ONLY for the following date(s) _____

GPS coordinates- Latitude _____ Longitude- _____

Site Type: Public Land Full Scale Airport School Private Industrial/Business

3. Legal name of additional insured:
Name _____
(As name appears on legal documents; i.e., property title or lease agreement)

Name and mailing address of additional insured listed above:

Name _____ \$25.00

Address _____

City _____ State _____ Zip Code _____

Site Location _____

[] This certificate is ONLY for the following date(s) _____

GPS coordinates- Latitude _____ Longitude- _____

Site Type: Public Land Full Scale Airport School Private Industrial/Business

This form may be copied if more than three additional insured are being requested. If you have any insurance-related questions or need special wording information /forms: Please write or direct questions to the Safety & Member Benefits Department at AMA Headquarters. For special wording applications, call (765) 287-1256, ext 251.