



ACA | Canoe - Kayak - SUP - Raft - Rescue
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Outfitter, Livery & Guide Insurance Program Exemption Form

To request an exemption or waiver of a specific requirement from the OLG Insurance Program Criteria & Risk Management Agreement, please complete this form and return to the ACA National Office.

Upon receipt of this exemption form, the ACA National Office will review and provide a determination on eligibility to participate in this insurance program.

Information

Name of Outfitter, Livery or Guide: _____

Contact Person: _____

Mailing Address: _____

Mailing City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____ Federal Tax ID #: _____

Which requirement from the OLG Insurance Program Criteria & Risk Management Agreement are you requesting an exemption for? (Please list the section, letter and applicable text)

Outfitter, Livery & Guide Insurance Program Application

Briefly describe your request for this exemption request:

Authorized Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____

For ACA Office Use Only		
OLG Insurance Program Exemption Form Received	Date:	Received by:
Disposition by ACA Office	Yes No	
Approval by ACA Office	Date:	Approved by (<i>two signatures</i>):
Reply sent to OLG	Date:	Sent by:
Approval to ACA Insurance Provider	Date:	Sent by:
Notes:		