REQUEST FOR A CERTIFICATE

Please type or print with ballpoint pen.
Location - means the name of the actual location of the event
Name of the Additional Insured - means the owner or organization of owners who want their names
added to your liability insurance. Normally this differs from the name of the facility being used
or the location of that facility

(List Name of Federation, Association and Club)

Name of Federation	
Name of Association	
Name of Club	

Check Who the Certificate is For					
Federation	☐	**Association**	☐	**Club**	☐

Mailing Address is the address that was entered on the enrollment form.

Mailing Address					
City		**State**		**Zip**	.

Location of Event					
Mailing Address					
City		**State**		**Zip**	

Name of Additional Insured					
Street Address					
City		**State**		**Zip**	

Person Requesting Certificate					
Street Address					
City		**State**		**Zip**	
Phone		**Email**			

Send Request to Federation/Association Insurance Chairman:

Name					
Street Address					
City		**State**		**Zip**	
Phone		**Email**			