

2018 Sanctioned Event Certificate of Insurance Request Form



ONLINE: www.usawaterski.org/clubs/insuredonlyinfo.asp

For Office Use Only

1251 Holy Cow Road ★ Polk City, Florida 33868-8200
(800) 533-2972 ★ Fax: (863) 325-8259 ★ Email: memberservices@usawaterski.org

CLUB INFORMATION

Club/School Name _____ Club Membership # _____
 Contact Person _____ Membership # _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 *Phone - Home () _____ Work () _____
 *Fax Number () _____ Mobile () _____
 *E-mail Address _____

CERTIFICATE REQUEST #1

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____
 Street Address _____ City _____ State _____ Zip Code _____
 *Phone - Main () _____ Alternate () _____
 Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event
 Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____
 Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?
 No Yes (a copy of the document should be attached to this application)

Does the certificate holder require additional insured status? No Yes (please note relationship of additional insured)
 Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor
 Other: _____

Club President's PRINTED NAME _____ Membership # _____ Signature _____ Date _____

PAYMENT INFORMATION

Allow 15 days for processing certificate of insurance requests. Add \$15 for rush processing (7 days).

Certificate of Insurance Requests (all certificates of insurance will be e-mailed to club contact person noted above)
 Please issue certificates of insurance as requested on this form Number of Certificates: _____ @ \$50/each \$ _____
 Rush Processing Fee (\$15) \$ _____

Payment Method: Check/Money Order (payable to USA Water Ski) MasterCard Visa **TOTAL AMOUNT DUE:** \$ _____

Credit Card # _____ Exp Date _____ CCV # _____ Auth # _____
 Cardholder's Billing Address _____ Billing Zip Code _____
 Cardholder's Printed Name _____ Signature _____

Questions? Contact our member services team at: USA Water Ski Member Services Department
 1251 Holy Cow Road
 Polk City, Florida 33868-8200
 (800) 533-2972 ★ Fax: (863) 325-8259
memberservices@usawaterski.org ★ www.USAWATERSKI.org

CERTIFICATE REQUEST #2

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (*a copy of the document should be attached to this application*)

Does the certificate holder require additional insured status? No Yes (*please note relationship of additional insured*)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____

CERTIFICATE REQUEST #3

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (*a copy of the document should be attached to this application*)

Does the certificate holder require additional insured status? No Yes (*please note relationship of additional insured*)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____

CERTIFICATE REQUEST #4

Complete for each third party requiring a certificate of insurance from your club with respect to USA Water Ski-sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA Water Ski.

Certificate Holder's Name _____

Street Address _____ City _____ State _____ Zip Code _____

*Phone - Main () _____ Alternate () _____

Fax Number () _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA Water Ski**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?

No Yes (*a copy of the document should be attached to this application*)

Does the certificate holder require additional insured status? No Yes (*please note relationship of additional insured*)

Manager/Lessor of Premises (Landlord of Premises) Political Subdivision Permit Property Owner Sponsor

Other: _____