



2017 Club Certificate of Insurance Request Form

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

ORGANIZATION 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.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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 #2

Complete for each third party requiring a certificate of insurance from your club.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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 _____

CERTIFICATE REQUEST #3

Complete for each third party requiring a certificate of insurance from your club.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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 #5

Complete for each third party requiring a certificate of insurance from your club.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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 #6

Complete for each third party requiring a certificate of insurance from your club.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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 #7

Complete for each third party requiring a certificate of insurance from your club.

Certificate Holder's Name _____
Street Address _____ City _____ State _____ Zip Code _____
*Phone - Main () _____ Alternate () _____
Fax Number () _____ E-mail Address _____
Certificate is for: Year-Round Club Operations/Liability Specific Club Event (non-sanctioned)
Specific Event Title _____
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: _____

Questions? Contact our member services team at:

USA Water Ski Membership Services Department
1251 Holy Cow Road
Polk City, Florida 33868-8200
(800) 533-2972 ★ Fax: (863) 325-8259
memberservices@usawaterski.org ★ www.USAWATERSKI.org