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

Certificate Holder’s Name
Street Address
*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 #1

CERTIFICATE REQUEST #2

CERTIFICATE REQUEST #3
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 & Wake Sports Membership Services Department
2701 Lake Myrtle Park Rd.
Auburndale, Florida 33823
(863) 324-4341 ★ Fax: (863) 325-8259
memberservices@usawaterski.org ★ www.USAWATERSKI.org
FORMS/APPLICATIONS are only accepted by FAX or EMAIL

Updated 11/17/2020