Coaches Liability Insurance Program
Certificate of Insurance Request Form

INSTRUCTOR/COACH INFORMATION

Certified Instructor/Coach ________________________________________________ Membership # __________________________
Mailing Address ______________________________________________________ City __________________________ State _______ Zip Code _______
*Phone - Home (________) __________________________ Work (________) __________________________
*Fax Number (________) __________________________ Mobile (________) __________________________
*E-mail Address _______________________________________________________

CERTIFICATE REQUEST #1

Certificate Holder’s Name ______________________________________________________
Street Address ___________________________________________________________ City __________________________ State _______ Zip Code _______
*Phone - Main (________) __________________________ Alternate (________) __________________________
Fax Number (________) __________________________ E-mail Address __________________________
Certificate is for:
☐ Year-Round Activity - Describe Activity __________________________________________
☐ Specific Event - Event Name __________________________ Date __________________________
   Event Description ___________________________________________________________
Have you 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

Certificate Holder’s Name ______________________________________________________
Street Address ___________________________________________________________ City __________________________ State _______ Zip Code _______
*Phone - Main (________) __________________________ Alternate (________) __________________________
Fax Number (________) __________________________ E-mail Address __________________________
Certificate is for:
☐ Year-Round Activity - Describe Activity __________________________________________
☐ Specific Event - Event Name __________________________ Date __________________________
   Event Description ___________________________________________________________
Have you 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: __________________________________________________________

Instructor/Coach - PRINTED NAME __________________________ Signature __________________________ Date __________________________

Certificate(s) of Insurance will be e-mailed to the Instructor/Coach within seven (7) days of request. It is the Instructor’s/Coach’s responsibility to see that the requested certificate(s) are delivered to the certificate holder.