



2018 Coaches Liability Insurance Program Certificate of Insurance Request Form

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

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

Complete for each third party requiring a certificate of insurance.

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

Complete for each third party requiring a certificate of insurance.

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.