



# Club Certificate of Insurance Request Form

1251 Holy Cow Road ★ Polk City, Florida 33868-8200  
(863) 324-4341 ★ 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)  
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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 \_\_\_\_\_  
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#### CERTIFICATE REQUEST #4

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

Certificate Holder's Name \_\_\_\_\_  
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\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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Does the certificate holder require additional insured status?  No  Yes (please note relationship of additional insured)  
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 Other: \_\_\_\_\_

#### CERTIFICATE REQUEST #5

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

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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Specific Event Title \_\_\_\_\_  
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Does the certificate holder require additional insured status?  No  Yes (please note relationship of additional insured)  
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 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 \_\_\_\_\_  
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#### 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 \_\_\_\_\_  
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Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Certificate is for:  Year-Round Club Operations/Liability  Specific Club Event (non-sanctioned)  
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Questions? Contact our member services team at:

USA Water Ski & Wake Sports Membership Services Department  
1251 Holy Cow Road  
Polk City, Florida 33868-8200  
(863) 324-4341 ★ Fax: (863) 325-8259  
memberservices@usawaterski.org ★ www.USAWATERSKI.org