



# Coaches Liability Insurance Program Certificate of Insurance Request Form

1251 Holy Cow Road ★ Polk City, Florida 33868-8200 ★ (863) 324-4341 ★ 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.*