



Sanctioned Event Certificate of Insurance Request

Revised 1/1/2019

For Office Use Only

1251 Holy Cow Road, Polk City, Florida 33868-8200
(863) 324-4341 Fax: (863) 325-8259 Email: memberservices@usawaterski.org

To purchase a certificate online, visit: www.usawaterski.org/members

CLUB/TEAM INFORMATION

Club/Team Membership # _____

*Club/Team Name _____

Contact Person _____ Contact Membership # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Area Code/Phone - Home _____ Mobile _____

*E-mail Address _____

CERTIFICATE REQUEST #1

Complete for each third party requiring a certificate of insurance from your club with respect to USA-WSWS sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA-WSWS.

Certificate Holder's Name _____

Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA-WSWS**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

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: _____

If requesting more than one certificate of insurance, please continue on the second page.

PAYMENT INFORMATION

Certificate of Insurance Requests

Please issue certificates of insurance as requested on this form:

of certificates _____ @ \$50/each (all certificates of insurance will be emailed to club contact person noted above) \$ _____

Payment Method:

Check/MO (payable to USA Water Ski & Wake Sports)

Credit Card - Please provide the contact information for the person USA-WSWS should contact for credit card information:

Name _____ Area Code/Phone _____

CERTIFICATE REQUEST #2

Complete for each third party requiring a certificate of insurance from your club with respect to USA-WSWS sanctioned events.

NOTE: Coverage only applies with respect to tournaments, practices, exhibitions, clinics and related activities sanctioned and approved by USA-WSWS.

Certificate Holder's Name _____

Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA-WSWS**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

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 #3

Complete for each third party requiring a certificate of insurance from your club with respect to USA-WSWS sanctioned events.

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Certificate Holder's Name _____

Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA-WSWS**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

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 #4

Complete for each third party requiring a certificate of insurance from your club with respect to USA-WSWS sanctioned events.

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Certificate Holder's Name _____

Address _____ City _____ State _____ Zip Code _____

Area Code/Phone _____ E-mail Address _____

Certificate is for: **NOTE: Certificates for specific sanctioned events will not be issued until event is sanctioned and approved by USA-WSWS**

Year-Round Sanctioned Event Activity by Club Specific Sanctioned Event

Specific Sanctioned Event Type: Tournament Basic Skills Clinic Practice Exhibition Sanction # _____

Event Title _____ Date(s) _____

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: _____