



USA ARCHERY CERTIFICATE OF INSURANCE REQUEST FORM



NAME INSURED INFORMATION (If requesting on behalf of a USA Archery Club, please list club name. If requesting for a USA Archery instructor/ coach, please list his/her full name and certification level.):

Name (USA Archery Club or Instructor/Coach): _____
Name of person completing form: _____
Primary Tel. #: (____) _____ Fax #: (____) _____ Email Address: _____
Date Requested: _____ Date certificate needed by: _____

SANCTIONED EVENT/ACTIVITY INFORMATION:

Certificate is for: Specific Sanctioned Event Club Activity (defined as any activity within a 24-hour period that is planned and hosted by the member club for members or direct membership recruitment)
Name of Activity: _____ Location of Activity: _____
Brief Description of Activity: _____
Estimated # of Participants: _____ Are all participants members of USA Archery? Yes No

CERTIFICATE HOLDER INFORMATION (Entity Requesting Proof of Insurance:

Certificate Holder Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Certificate Holder Contact Person: _____ Email Address: _____
Main Tel. #: (____) _____ Alternate Tel. #: (____) _____ Fax #: (____) _____
Does the certificate holder require additional insured status? Yes No

If yes, please specify Additional Insured wording: _____
Please note role of the Certificate Holder below:
 Owner/Manager/Lessor of Premises State or Political Subdivisions-Permits Sponsor Lessor of Leased Equipment
 Other Designated Person or Organization: _____

Have you entered into any agreement, contract or permit with the Certificate Holder that includes assumption of risk, indemnification or hold harmless language? Yes No (If yes, please forward a copy of document with this request)

INSTRUCTIONS:

Submit the completed Certificate of Insurance Request Form via Facsimile or Email to:

USA Archery 719.866.3451 Telephone
210 Cycling Point, Suite 130 719.632.4733 Facsimile
Colorado Springs, CO 80919 memberships@usarchery.org

NOTES: Please be certain to fill out the certificate request form completely and accurately allowing at least 2-3 days for the certificate to be processed. Do NOT wait until the last minute (i.e. Friday afternoon) to submit your request. USA Archery will issue and send the certificates to you via email. You will be responsible for delivering the requested certificate of insurance to the Certificate Holder. USA Archery reserves the right to deny any request.