

[This form is available at <http://www.usadiving.org>]

USA DIVING SANCTIONED EVENT CERTIFICATE OF INSURANCE REQUEST

ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING.

CLUB SENDS TO USA DIVING: Fax 317-237-5257 or email pam.majors@usadiving.org

DATE: _____

Please issue Certificate of Insurance as proof of insurance coverage for the following
USA Diving Sanctioned Event:

NAME OF EVENT: _____

SITE OF EVENT: _____

DATE OF THIS EVENT: _____ TO: _____

EVENT DIRECTOR: _____

TELEPHONE NUMBER: (_____) _____

ADDITIONAL INSURED:

RELATIONSHIP TO THE EVENT:

CERTIFICATE OF INSURANCE SHOULD BE MAILED TO:

EMAIL ADDRESS: _____

PHYSICAL MAILING ADDRESS: _____

FAX NUMBER (IF CERTIFICATE NEEDS TO BE SENT VIA FAX): _____

CERTIFICATE OF INSURANCE MUST BE RECEIVED BY: _____

Please include: [contracts/insurance requirements](#) with EVERY REQUEST as required by insurer(the insurer requests and requires contracts/requirements for several reasons, including, but not limited to, trying to protect USA Diving and its coaches and clubs from unnecessarily unilateral venue contract conditions and to get certificates correct the upon first request to avoid undue, unnecessary efforts (especially event cancellation/curtailment) for noncompliance, etc.