

Make copies of this form as needed

Date Received ___/___/___
Assoc. Sanction # _____
National Control # _____
N.O. Signature _____



Association Contact Information:

USA TRACK & FIELD SANCTIONED EVENT REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

An organizer who requires one or more certificate(s) of insurance for its sanctioned event(s), should complete this form. Please note that unless insurance is waived, organizers granted sanctions are automatically added to the USATF liability insurance policy for most activity surrounding the sanctioned event. See sanction instructions and insurance brochure for further information. The approved copy of the sanction form serves as your proof of insurance. In addition, USATF may allow facilities or sponsors to be named as additional insured parties for sanctioned events. For more information on the USATF Sanction/Insurance policies, please contact you local Association.

Complete a separate copy of this form for each party for whom you are requesting a certificate. A fee will be charged for rushed certificates (see late fee schedule). Return this request to the address listed below.

LATE FEE SCHEDULE

Less than 5 business days \$10 each
Less than 36 hours \$25 each

➤ Late fees are based on the date received by the National Office of USATF and the date listed below as "need by" date

RETURN THIS FORM TO:

EVENT INFORMATION (Type or Print Legibly, if it is not legible, the application will be returned to you)

NAME OF EVENT _____ DATE(S) OF EVENT _____
ORGANIZER OF EVENT _____
EVENT CONTACT PERSON _____ PHONE _____
ADDRESS _____ FAX _____
E-MAIL _____

THIRD PARTY INFORMATION

PARTY REQUIRING CERTIFICATE _____
Name will appear EXACTLY as listed here
THIRD PARTY CONTACT PERSON _____ PHONE _____
THIRD PARTY ADDRESS _____ FAX _____
E-MAIL _____
DATE CERTIFICATE NEEDED: _____ (Note: It may take up to 30 days after submission of this form)

DO NOT PUT "ASAP"

OTHER INSURANCE INFORMATION – PLEASE COMPLETE EACH QUESTION

Interest Of Third Party: Facility _____ Sponsor _____ Governmental Entity/Municipality _____

Is the third party in the business of providing or selling alcohol, food or beverage? Yes _____ No _____

If yes, will they be providing same at the event? Yes _____ No _____ (if "Yes" the third party must name USATF as an additional insured to their policy. A certificate naming USATF as an additional insured must be issued before USATF will issue a certificate to this third party)

Method of Certificate Delivery To Event Organizer by E-Mail FAX
(Select up to 2 options for cert. delivery) To Third Party (listed above) by Mail E-Mail FAX