



Request for Certificate of Insurance

Submit to American Specialty, usski@americanspecialty.com or fax 260-969-4729
allow minimum 7 days for processing

Date of Request: _____ National staff member? Yes

Date Certificate is needed by: _____

Person completing this form: _____

Phone number: _____ Email: _____

Event / Club Organizer contact person: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

Name of Event: _____

Event Date(s): _____

Event Sanction number(s): _____

Have you been asked to enter into any agreement, contract, or permit that contains assumption of liability, indemnification, or hold harmless language other than U.S. Ski & Snowboard's sanction agreement? Yes No

If yes, attach a signed copy of the agreement for review.

Additional Insured (if required by landowner)

Name: _____

Address: _____

Special Requirements (list any additional coverage required, special language, etc.)

If requesting Additional Insured status, please indicate the role the Additional Insured:

Owner of premises Other (please specify): _____