

**UNITED STATE TRAMPOLINE & TUMBLING ASSOCIATION
REQUEST FOR CERTIFICATE OF INSURANCE**

(This form is only utilized when a facility/organization requires a certificate of insurance and has an approved USTA Sanction)

1. Date of Request: _____ Person completing form: _____
2. Phone No.: (_____) _____ Fax: (_____) _____
Email Address: _____
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If this is a request for an EVENT, please complete this section. If not, skip to #8.

4. Name of event: _____
5. Date(s) of event: _____
6. Site or location of event: _____
7. Is the insured the primary host for the event? Yes No
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8. Certificate holder: _____
9. Certificate holder address: _____

10. Certificated holder Phone No.: (_____) _____ Fax (_____) _____
11. Contact Person & Email: _____
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ADDITIONAL INSURED SHOULD ONLY BE CHECKED IF IT IS A REQUIREMENT OF THE CERTIFICATED HOLDER

12. Additional Insured: _____
13. Relationship to Club: _____
14. Address of Additional Insured: _____

15. Is there specific wording that the Additional Insured would like included? _____
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- Please issue proof certificate for club
 Please issue additional insured certificate for above listed entity
 Please fax certificate to: _____ ATTN: _____
 Please email certificate to: _____ ATTN: _____
 Please mail certificate to: _____ ATTN: _____

3rd Party Certificate Fee (at least 4 weeks prior to event) - \$25
3rd Party Certificate Fee (less than 15 days prior to event) - \$50
3rd Party Certificate Fee (less than 5 days prior to event) - \$100

Forward Completed Request To:

**USTA NATIONAL OFFICE
6304 BAYBERRY BLVD NE
WINTER HAVEN, FL 33881
TELEPHONE: 309-854-2896
ATTN: PATTI LINGENFELTER
ustapattim@gmail.com**