

Make copies of this form as needed

Date Received _____ / _____ / _____

Assoc. Sanction # _____

National Control # _____

N.O. Signature _____



For Official Use Only

Association Contact Information:

Kevin P. Lucas, USATF/Niagara Association
94 South Ridge Trail
Fairport, NY 14450-3843
585-421-9626 & 585-388-9683 Fax
k_p_lucas@frontiernet.net

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

The approved copy of the *Application for Sanction* serves as the organizer’s proof of insurance. 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. In addition, USATF may allow facilities or sponsors to be named as additional insured parties for sanctioned events. **An organizer who requires one or more certificate(s) of insurance for its facilities or sponsors should complete this form.** See sanction instructions and insurance brochure for further information. For more information on the USATF Sanction/Insurance policies visit www.usatf.org/groups/eventdirectors

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 Certificate is Needed” date.

RETURN THIS FORM TO:

EVENT INFORMATION (Type or Print legibly!! If it is not legible, the certificate will not be processed or may be processed incorrectly)

Event Name _____ Date(s) of Event _____

Event Organizer _____

Event Contact Person _____ Phone _____

Address _____ Fax _____

_____ E-mail _____

THIRD PARTY INFORMATION

Party Requiring Certificate _____
Name will appear on the certificate of insurance EXACTLY as listed here

Third Party Contact Person _____ Phone _____

Third Party Address _____ Fax _____

_____ E-mail _____

Date Certificate is Needed _____ (Note: It may take up to 30 days after submission of this form – please plan accordingly.)
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, its employees, directors, assigns & USATF Certified Officials as additional insureds to their policy. This certificate must be in hand before USATF will issue a certificate to this third party.)

Method of Certificate Delivery Send Certificate by Email or Fax

All certificates will be sent to the Event Contact (as listed above) by e-mail (unless specifically indicated above to be sent by fax). The event contact is then required to forward the certificate to their third party. USATF will no longer send certificates directly to third parties.