

# **US SYNCHRONIZED SWIMMING CERTIFICATE OF INSURANCE REQUEST**

united states  
synchronized  
swimming



## MEMBER CLUB - CERTIFICATE OF INSURANCE REQUEST

Certificates of Insurance are issued as proof of insurance to a third party, or certificate holder. If required, the certificate holder may be named as an Additional Insured. Whenever a third party wants to be named as an Additional Insured, complete the section below. The Additional Insured's coverage is limited to the negligent acts of the Named Insured.

### **SEND OR FAX ALL CERTIFICATE REQUESTS 30 DAYS IN ADVANCE TO:**

U.S. Synchronized Swimming  
132 East Washington St., Suite 820  
INDIANAPOLIS, IN 46204  
(317) 237-5700  
(317) 237-5705 fax

Name of sponsor club: \_\_\_\_\_

Club address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send certificate to: \_\_\_\_\_

Address: \_\_\_\_\_

I need certificate by: \_\_\_\_\_ Special instructions: \_\_\_\_\_

(A copy of each certificate issued will be sent to U.S. Synchronized Swimming National Office)

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Specific locations of practices/activities: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of practices/activities required on certificate: \_\_\_\_\_ to \_\_\_\_\_

Will additional insureds need to be added to this certificate?

Yes (list below)

No

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach additional list if necessary.