



Name of Insured Organization: _____

Mailing Address of Organization: _____

2. Date of request: _____

3. Name of Person Completing This Form: _____

4. Phone #: () _____ Email _____

5. Certificate Holder: _____
(Name of Facility)

6. Certificateholder Contact Person: _____

7. Certificateholder Address: _____

8. Certificateholder Phone #: () _____ Email _____

9. Name of Event: _____
Date(s) Needed: _____

(ADDITIONAL INSURED SHOULD ONLY BE REQUESTED IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER)

10. Have you entered into any agreement, contract or permit that contains assumption of liability, indemnification, or hold harmless language? Yes No

If 'yes' please forward a copy of the document with this certificate request form.

11. Additional Insured: _____

12. If requesting Additional Insured status, please indicate the role of the Additional Insured:

Owner of Premises Sponsor Other (please specify)

PLEASE FORWARD COMPLETED FORM TO:

USA Table Tennis
4065 Sinton Rd. Suite 120
Colorado Springs, CO 80907
Phone: 719-866-4583
Fax: 719-632-6071