

Make copies of this form as needed

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Information:

Assoc. Sanction # \_\_\_\_\_

National Control # \_\_\_\_\_

N.O. Signature \_\_\_\_\_



Association Contact

USATF New Jersey

PO Box 330

Boonton, NJ 07005

973-334-8900

For Official Use Only

## 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](http://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.