



Request for Certificate of Insurance

Name of Insured Organization: _____

Mailing Address of Organization: _____

2. Date of Request: _____

3. Name of Person Completing This Form: _____

4. Phone No. (including area code): _____
FAX No. (including area code): _____

5. Certificateholder: _____
(Name of Facility)

6. Certificateholder Contact Person: _____

7. Certificateholder Address: _____

8. Certificateholder Phone No.: _____
Certificateholder FAX No.: _____

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

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

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
One Olympic Plaza
Colorado Springs, CO 80909-5769
Phone: 719-866-4583
FAX: 719-632-6071