The USA Ultimate liability policy provides coverage for the USA Ultimate committee members/volunteers, registered coaches and officials, registered athletes, USA Ultimate teams and USA Ultimate leagues (all while acting in their capacity as such on USA Ultimate business) and can be identified as Certificate Holders. Any other entities apart from those named requesting to be covered by this policy must be listed as an Additional Insured. Please check only one of the options. Certificates of insurance will be issued to all entities identified on the Insurance Request Page. The event manager will receive an electronic copy of all the certificates for the event and is responsible for forwarding to the appropriate parties.

To receive insurance certificates, all contact information must be completed. Please check with the entities requiring insurance regarding specific wording they may require. Review tips for completing this page at [www.usaultimate.org/resources/organizer\_resources/insurance\_certificate\_tips.aspx](http://www.usaultimate.org/resources/organizer_resources/insurance_certificate_tips.aspx). *There is a $25 charge to reissue certificates.*

Event Name:       Event Date(s):       to

Event Contact:       Event Contact Email Address:

**Certificate Information**

**1)** Organization/Entity:       Contact/Person:       Relation to event:

Specific Wording if Required:

Address:       City:       State:       Zip:

Phone #: (     )

[ ]  Certificate Holder [ ]  Additional Insured Need by date:      /     /

**2)** Organization/Entity:       Contact/Person:       Relation to event:

Specific Wording if Required:

Address:       City:       State:       Zip:

Phone #: (     )

[ ]  Certificate Holder [ ]  Additional Insured Need by date:      /     /

**3)** Organization/Entity:       Contact/Person:       Relation to event:

Specific Wording if Required:

Address:       City:       State:       Zip:

Phone #: (     )

[ ]  Certificate Holder [ ]  Additional Insured Need by date:      /     /

**4)** Organization/Entity:       Contact/Person:       Relation to event:

Specific Wording if Required:

Address:       City:       State:       Zip:

Phone #: (     )

[ ]  Certificate Holder [ ]  Additional Insured Need by date:      /     /