Date Received ___/___/_____
Assoc. Sanction #_____
National Control #_____
N.O. Signature _____

Association Contact Information:
Pacific Association
Attn: Heike Mansoor
120 Ponderosa Ct.
Folsom CA 95630
(916) 983-4715

USA TRACK & FIELD SANCTIONED EVENT
REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE

An organizer who requires one or more certificate(s) of insurance for its sanctioned event(s), should complete this form. 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. See sanction instructions and insurance brochure for further information. The approved copy of the sanction form serves as your proof of insurance. In addition, USATF may allow facilities or sponsors to be named as additional insured parties for sanctioned events. For more information on the USATF Sanction/Insurance policies, please contact you local Association.

Complete a separate copy of this form for each party for whom you are requesting a certificate. A fee will be charged for extra or rushed certificates (see fee schedule). Return the certificate to the address listed below. If no address is listed, send completed form and payment (check/money order) to **Insurance Department, USA Track & Field, P.O. Box 120, Indianapolis, IN 46206-0120.**

RETURN THIS FORM TO:

PACIFIC ASSOCIATION
120 PONDEROSA CT.
FOLSOM, CA 95630

EVENT INFORMATION

NAME OF EVENT _____ DATE(S) OF EVENT_____

ORGANIZER OF EVENT _____

EVENT CONTACT PERSON _____ PHONE _____

ADDRESS _____ FAX _____

_____

THIRD PARTY INFORMATION

PARTY REQUIRING CERTIFICATE _____

Name will appear EXACTLY as listed here

THIRD PARTY CONTACT PERSON _____ PHONE _____

THIRD PARTY ADDRESS _____ FAX _____

_____

DATE CERTIFICATE NEEDED: _____ (Note: It may take up to 30 days after submission of this form)

OTHER INSURANCE INFORMATION – PLEASE COMPLETE EACH QUESTION

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 ____

Interest Of Third Party: Facility _____ Sponsor _____ Governmental Entity/Municipality _____

Send the insurance certificate to ☐ Event Organizer - or - ☐ Third Party listed above