

USA DIVING SANCTIONED EVENT CERTIFICATE OF INSURANCE REQUEST

ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING.

SENDS TO: SPORTS DIVISION
K&K INSURANCE GROUP

DATE: _____

Please issue Certificate of Insurance as proof of insurance coverage for the following USA Diving Sanctioned Event:

NAME OF EVENT: _____

SITE OF EVENT: _____

DATE OF THIS EVENT: _____ TO: _____

EVENT DIRECTOR: _____

TELEPHONE NUMBER: (_____) _____

ADDITIONAL INSURED:	RELATIONSHIP TO THE EVENT:
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATE OF INSURANCE SHOULD BE MAILED TO:

TELEPHONE NUMBER: (_____) _____

CERTIFICATE OF INSURANCE MUST BE RECEIVED BY: _____

Please Include: [The requestor \(coach, club\) confirm AND submit contracts/insurance requirements with EVERY REQUEST as required by insurer\(the insurer requests and requires contracts/requirements for several reasons, including, but not limited to, trying to protect USA Diving and its coaches and clubs from unnecessarily unilateral venue contract conditions and to get certificates correct the upon first request to avoid undue, unnecessary efforts \(especially event cancellation/curtailment\) for noncompliance, etc.](#)