

[This form is available at <http://www.usadiving.org>]

TO RECEIVE A CERTIFICATE AND NAME ADDITIONAL INSURED ON OUR POLICY, YOU MUST BE A CURRENT USA DIVING MEMBER CLUB **AND** SUBMIT THIS FORM EVERY YEAR.

**USA DIVING MEMBER CLUB
CERTIFICATE OF INSURANCE REQUEST**

ALLOW 30 DAYS FOR PROCESSING.

CLUB SENDS TO USA DIVING: Fax 317-237-5257 or email pam.majors@usadiving.org

DATE: _____

Please issue Certificate of Insurance for the following:

CLUB NAME: _____

MAILING ADDRESS: _____

CLUB DIRECTOR: _____

TELEPHONE NUMBER: (_____) _____

LOCATION OF CLUB TRAINING SITE(S): _____

(Do not use P.O. Box number) _____

ADDITIONAL INSURED: _____ RELATIONSHIP TO CLUB: _____

CERTIFICATE OF INSURANCE SHOULD BE MAILED TO:

EMAIL ADDRESS: _____

PHYSICAL MAILING ADDRESS: _____

FAX NUMBER (IF CERTIFICATE NEEDS TO BE SENT VIA FAX): _____

TELEPHONE NUMBER: (_____) _____

Please Include: [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 for noncompliance, etc.

NOTE: CURRENT POLICY IS EFFECTIVE UNTIL SEPTEMBER 1ST. THIS WILL BE REFLECTED ON YOUR CERTIFICATE.