

CERTIFICATE OF INSURANCE (COI)

Today's Date: _____
 Organizations legal Name: _____
 Organizations Legal Address: _____
 City: _____ State: _____ Zip Code: _____
 Event Director/Certificate Holder Name: _____
 Event Director/Certificate Holder Phone: _____
 Event Director/Certificate Holder Email: _____
 Event/Activity Name: _____
 Event/Activity Address: _____
 City: _____ State: _____ Zip Code: _____

Estimated Number of Participants at Event/Activity:

Athletes: _____ Staff: _____ Volunteers: _____

Is overnight coverage requested for event/activity. Yes No

- Overnight coverage is required for camps and other events where 24hr coverage is mandatory

Please List sports included at the event (check all that apply):

- Archery Athletics (T&F) Basketball Boccia Fencing Cycling Powerlifting Power Soccer
 Quad Rugby Road Racing Shooting Swimming Sled Hockey Table Tennis Water Skiing
 Other: _____

Indicate entities you want listed as an additional insured:

What is the relationship with each additional insured (check all that apply):

- Owner, manager, lessor of premises (all are facilities)
 Sponsor
 Other: _____

Please Email Certificate to:

Attention of (name of person): _____
 Email Address: _____
 Phone: _____
 Date certificate is needed: _____
 Date of event/activity: _____
 Day/s and inclusive times of event/activity: _____

Comments:

Please Note: All Chapters requesting a COI for sporting events only (Excluding Adaptive Sports USA Sanctioned Events) must submit the actual number of participants, per sport, that attended the event to the Adaptive Sports USA National Office for insurance purposes.

Email completed form to: nationaloffice@adaptivesportsusa.org or **Fax** to: 866-204-8918