



Certificate of Insurance Request Form:
Ambassador Participation in Outreach Clinics & General Instruction

Certificates of Insurance are issued as proof of insurance coverage to a third party or certificate holder, such as the owner of a clinic venue. USA Pickleball's insurance does not name the venue itself as an Additional Insured. Ambassador: please complete all sections of this form to receive a Certificate of Insurance.

You may either mail this completed form to USA Pickleball, P.O. Box 7354, Surprise, AZ 85374 at least 30 days before the event starts or scan the signed form and email it as an attachment to admin@usapickleball.org. If you have any questions about filing out this form, please e-mail: gjoly@loomislapann.com.

Name of Pickleball Event _____ Is it sanctioned? Y/N _____
Ambassador's Event Purpose: []USAP table/booth [] conduct a free clinic (check one or both)
Event Dates: Beginning _____ Ending _____. If clinic, probable number of attendees _____
Location (Venue/Certificate holder) of Event _____
Venue Street Address _____
City _____ State _____ Zip code _____
Venue Contact Person _____ Phone _____
E-mail _____ Fax _____
Does the Certificate Holder require Additional Insured status? Yes _____ No _____
Other named USAP Additional Insureds (Ambassadors/Members): Provide name(s) as they should appear
1. _____
2. _____

By submitting this request, the event or clinic instructor and clinic volunteers agree to comply with recommendations and guidelines as set forth by USA Pickleball.

Ambassador Name _____ Phone _____
E-mail _____ Fax _____
Address _____
City _____ State _____ Zip code _____
Signed _____ Dated _____

#####

For internal USA Pickleball use only. To insurer: This event has been sanctioned by the USA Pickleball.
Signed: _____, USA Pickleball Representative. Dated: _____