Certificates of Insurance are issued as proof of insurance coverage to a third party or certificate holder, such as the owner of a tournament venue. If required, the certificate holder may be named as an Additional Insured on USA Pickleball (USAPA)’s liability policy. Please complete all sections of this form to receive a Certificate of Insurance and, if needed, proof of Additional Insured status.

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

Name of Pickleball Event____________________________________________________________________

Event Dates: Beginning __________ Ending_________. Probable number of entrants ________________

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_____
If yes, please specify “additional insured” wording as it should appear: ______________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other named Additional Insureds: (Provide name as it should appear and address if different than above)
1. _______________________________________________________________________________________
2. _______________________________________________________________________________________

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By submitting this request, the event or tournament director and tournament volunteers agree to comply with the rules and sanctioning guidelines as set forth by the USA Pickleball (USAPA).

Director’s Name ________________________ Phone ______________________
E-mail ________________________________ Fax ______________________
Address _________________________________________________________________________________
City ____________________________________________State ________Zip code ______________

Signed ________________________________ Dated __________________________
For internal USA Pickleball (USAPA) use only. To insurer: This event has been sanctioned by the USA Pickleball (USAPA).

Signed: ________________________________, USA Pickleball (USAPA) Representative. Dated: __________