



Certificate of Insurance Request Form
USA Pickleball Sanctioned Tournaments

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. USA Pickleball's insurance does not name the venue itself as an Additional Insured. Tournament Director: 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 _____

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: _____

1. _____

Other named USA Pickleball Additional Insureds: Provide names as they should appear if different than above

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 USA Pickleball.

Director's Name _____ Phone _____

E-mail _____ Fax _____

Address _____

City _____ State _____ Zip code _____

Signed _____ Dated _____

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