



Disabled Sports USA - Request for Certificate of Insurance

Required by Date: _____

Chapter Name: _____

Chapter Address: _____

Chapter Contact: _____

Phone: _____ Fax: _____ Email: _____

Date of Event/Program: _____

Name of Event/Program: _____

Type of Event (i.e. skiing, cycling, fundraiser, camping): _____

Please identify safety equipment/precautions being used during the event (i.e. life vests):

Event Location: _____

Certificate Holder- Additional Insured

Name: _____

Address: _____

Relationship to Event (i.e. event site, sponsor): _____

Additional Insured Contact Name: _____

Special Instructions (i.e. special language required by the additional insured):

Email requests to: dsusa@dsusa.org and allow 10 days for processing

The certificate of insurance will be emailed directly to the requesting chapter.

Authorizing Signature: _____

Name & Position

Date

**To be completed by National Office, Disabled Sports USA*

DS/USA Authorizing Signature: _____

Name & Position

Date