

REQUEST FOR CERTIFICATE OF INSURANCE

(PLEASE COMPLETE FOR LAND/FACILITY OWNERS OR LESSOR/SPONSOR REQUIRING THE CERTIFICATES)

Name of Club _____

Complete Club's Mailing Address:

Contact Name _____

Phone Number _____

Need no Later Than: _____

Is this certificate for a permit Yes _____ OR No _____

CERTIFICATE HOLDER INFORMATION

LAND/FACILITY OWNERS NAME

_____ (Please include any specific wording required)

OR LESSORS/SPONSORS:

DATES AND TIMES OF EVENT

ADDRESS WHERE THE EVENT IS TO BE HELD:

LAND/FACILITY OWNER OR LESSOR/SPONSOR MAILING ADDRESS:

ATTN: _____

STREET: _____

CITY, STATE, ZIP: _____

E-Mail Address: _____



PLEASE CHECK ONE OF THE FOLLOWING:

PROOF OF COVERAGE ONLY _____ ADDITIONAL INSURED _____

(For Additional Insured include a check for \$50.00)

Send Completed form to: USCSDA Secretary
Kilmarnock, VA 22482

Jameson Crandall
804-577-3788

P.O. Box 1235
jameson.crandall@gmail.com