



# 2007 Club Additional Insured Application

For Office Use Only

1251 Holy Cow Road ★ Polk City, Florida 33868-8200

(800) 533-2972 ★ Fax: (863) 325-8259 ★ Email: [memberservices@usawaterski.org](mailto:memberservices@usawaterski.org)

## ORGANIZATION INFORMATION

ONLINE: [www.usawaterski.org/clubs/insuredonlyinfo.asp](http://www.usawaterski.org/clubs/insuredonlyinfo.asp)

Club/School Name \_\_\_\_\_ Club Membership # \_\_\_\_\_  
Contact Person \_\_\_\_\_ Membership # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
\*Fax Number ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_  
\*E-mail Address \_\_\_\_\_

## ADDITIONAL INSURED CERTIFICATE #1

Complete only if a facility/organization requires an additional certificate of insurance.

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Certificate is for: ☐ Year-Round Club Activity ☐ Specific Event  
Specific Event Title \_\_\_\_\_  
Has the club entered into any agreement, contract or permit which contains assumption of liability, indemnification or hold harmless language?  
☐ No ☐ Yes (a copy of the document is attached to this application)  
Does the certificate holder require additional insured status? ☐ No ☐ Yes (the role of the additional insured is checked below)  
☐ Manager/Lessor of Premises (Landlord of Premises) ☐ Political Subdivision Permit ☐ Property Owner ☐ Sponsor

## ADDITIONAL INSURED CERTIFICATE #2

Complete only if a facility/organization requires an additional certificate of insurance.

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Certificate is for: ☐ Year-Round Club Activity ☐ Specific Event  
Specific Event Title \_\_\_\_\_  
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Club President's PRINTED NAME \_\_\_\_\_

Membership # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT INFORMATION

Allow 30 days for processing additional insured certificates. Add \$15 for rush processing (10 days).

Additional Insureds

☐ Please add certificate holder(s) above to USA Water Ski's policy \_\_\_\_\_ @ \$50/each \$ \_\_\_\_\_

Rush Processing Fee (\$15) \_\_\_\_\_ \$ \_\_\_\_\_

Payment Method: ☐ Check/Money Order (payable to USA Water Ski) ☐ MasterCard ☐ Visa **TOTAL AMOUNT DUE:**  

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CCV # \_\_\_\_\_ Auth # \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**ADDITIONAL INSURED CERTIFICATE #3***Complete only if a facility/organization requires an additional certificate of insurance.*

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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**ADDITIONAL INSURED CERTIFICATE #4***Complete only if a facility/organization requires an additional certificate of insurance.*

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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**ADDITIONAL INSURED CERTIFICATE #5***Complete only if a facility/organization requires an additional certificate of insurance.*

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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Specific Event Title \_\_\_\_\_  
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**ADDITIONAL INSURED CERTIFICATE #6***Complete only if a facility/organization requires an additional certificate of insurance.*

Certificate Holder's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\*Phone - Main ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Certificate is for: ☐ Year-Round Club Activity ☐ Specific Event  
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Questions? Contact our member services team at:

USA Water Ski  
Membership Services Department  
1251 Holy Cow Road  
Polk City, Florida 33868-8200  
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