

## 2007 (lub Additional Insured Application For Office Use Only

1251 Holy Cow Road \* Polk City, Florida 33868-8200

WATER SKI (800) 533-2972 \* Fax: (863) 325-8259 \* Email: memberservices@usawaterski.org

ORGANIZATION INFORMATION	ONLINE: www.usawaterski.org/club	os/insuredonlyinfo.asp
Club/School Name		Club Membership #
Contact Person		· · · · · · · · · · · · · · · · · · ·
Mailing Address	City	State Zip Code
*Phone - Home ( )	Work()_	
*E-mail Address		
ADDITIONAL INJURED CERTIFICATE		
Certificate Holder's Name	Complete only it a tacility/organization	requires an additional certificate of insurance.
	City	State Zip Code
*Phone - Main ( )	Alternate ( )	State Zip Code
Fax Number ( )	E-mail Address	
Certificate is for:		
Specific Event Title		
Has the club entered into any agreement, contra  □ No □ Yes (a copy of the document is atta		ility, indemnification or hold harmless language?
	I insured status?  No Yes (the role	e of the additional insured is checked below)
	Premises) Political Subdivision Permit	
	,	sheet, and sheet
ADDITIONAL INJURED CERTIFICATE	#2	
ADDITIONAL INJUNED CERTIFICATE		requires an additional certificate of insurance.
Certificate Holder's Name		•
Street Address	City	State Zip Code
*Phone - Main <u>(</u> )	Alternate ( )	State Zip Code
Certificate is for:		
Has the club entered into any agreement, contra	act or permit which contains assumption of liab	ility, indemnification or hold harmless language?
☐ No ☐ Yes (a copy of the document is atta		,,
Does the certificate holder require additiona		e of the additional insured is checked below)
☐ Manager/Lessor of Premises (Landlord of	Premises)	Property Owner
CLL D. T.L. V. DOUNTED MANUE		
Club President's PRINTED NAME	Membership # Signature	Date
PAYMENT INFORMATION		
Additional Insureds	Allow 30 days for processing additional insured cer	tificates. Add \$15 for rush processing (10 days).
	ove to USA Water Ski's policy	
		<del></del> :
0 1.		
Payment Method:	r (payable to USA Water Ski) AmasterCard Vi	sa <b>TOTAL AMOUNT DUE:</b>
Credit Card #	Exp Date	CCV # Auth #
		Billing Zip Code
Cardiloider's Printed Name	Signature	

Certificate Holder's Name		
Street Address	City	State Zip Code
*Phone - Main ( )	Alternate (	State Zip Code )
ax Number ( )	E-mail Add	ress
Certificate is for:	tivity  Specific Event	
Has the club entered into any agreement, co	ntract or permit which contains assumption	n of liability, indemnification or hold harmless language
□ No □ Yes (a copy of the document is	s attached to this application)	in or natimity, indemninedation of nord natimess language
		s (the role of the additional insured is checked below)
Manager/Lessor of Fremises (Landiord	d of Premises)  Political Subdivision Perr	ilit 🗖 Property Owner 🗖 Sponsor
DDITIONAL INJURED CERTIFICA		
		anization requires an additional certificate of insurance.
Certificate Holder's Name		
Street Address	City	State Zip Code
*Phone - Main <u>(</u> )	Alternate <u>(</u>	State Zip Code )
ax Number ( )	E-mail Add	ress
Certificate is for:		
Specific Event Title		
Has the club entered into any agreement, co	ontract or permit which contains assumption	n of liability, indemnification or hold harmless language
□ No □ Yes (a copy of the document is		in or natimity, indefining action of note harmess language
		s (the role of the additional insured is checked below)
■ Manager/Lessor of Premises (Landlord	d of Premises)  Political Subdivision Perr	mit Property Owner Sponsor
DDITIONAL INJURED CERTIFICA	TE #5	
		anization requires an additional certificate of insurance.
Certificate Holder's Name		
		StateZip Code
*Phone Main ( )	Altarpata (	
- Number (	Alternate (	) ress
ax Number ( )	E-man Addi	ress
Certificate is for:	, .	
Specific Event Title		
		n of liability, indemnification or hold harmless language
☐ No ☐ Yes (a copy of the document is	attached to this application)	
Does the certificate holder require addition	onal insured status?	s (the role of the additional insured is checked below)
☐ Manager/Lessor of Premises (Landlord	d of Premises)	mit Property Owner Sponsor
DDITIONAL INJURED CERTIFICA		
	Complete only if a facility/orga	anization requires an additional certificate of insurance.
Certificate Holder's Name		
Street Address	City	StateZip Code
Phone - Main ( )	Alternate <u>(</u>	State Zip Code )
ax Number( )	E-mail Add	ress
Certificate is for:		
Has the club entered into any agreement, so	entract or parmit which contains assumption	n of liability, indemnification or hold harmless language
		in or nability, indeminingation of note natifiess language
□ No □ Yes (a copy of the document is		
Does the certificate holder require addition		s (the role of the additional insured is checked below)
	d of Premises)	mit 🖵 Property Owner 🖵 Sponsor
Questions? Contact our member services t	team at: USA Water Ski	
destrons: Contact our member services t	Membership Services Depar	rtment
		timent
	1251 Holy Cow Road Polk City, Florida 33868-82	

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