CERTIFICATE REQUEST FOR B.A.S.S. FEDERATION NATION TOURNAMENTS AND EVENTS

Please type or print. Allow 5 to 7 business days for processing. Request may be e-mailed, faxed or mailed to the attention of Sara Douglass at Leisure/Sports Specialists, LLC. Certificates will be e-mailed, faxed or mailed to you for distribution to any requested certificate holders or additional insureds. If special wording is required by a governmental entity or landowner, *please also remit a copy of the permit or agreement to ensure your certificate is processed correctly and promptly.*

E-mail the request to Sara Douglass at sara.douglass@kandkinsurance.com or fax to 260-459-5967. It may also be mailed to Leisure/Sports Specialists, LLC, Attn: Sara Douglass, PMB #216, 10214 Chestnut Plaza Dr., Fort Wayne, IN 46814. If you have any questions, please contact us at 800-637-4757.

CLUB INFORMATION:

Name of State Federation/Affiliated Club/Federation Junior Club:_____

Club Representative & Title:_____

E-Mail Address:_____

Phone #:_____ Fax #:_____

Date of Certificate Request:_____

EVENT INFORMATION:

Name of Event:_____ Date(s) of Event*:_____

Hours of Event:_____ Location of Event:_____

Please circle whether your request for a Certificate of Insurance is for proof only or whether Additional Insured status is required.

PROOF OF INSURANCE (circle one option) **ADDITIONAL INSURED**

The following portion should be completed ONLY when Additional Insured status is required and should be completed with the information of the party requiring Additional Insured status

If request is for Additional Insured status, is this a requirement of a written contract (circle one): Yes No

Name:_____

Address:_____

Relationship of Additional Insured to club (circle one): Landowner

Sponsor

Other (please explain):_____

*A separate request form must be completed for each event for which certificates are requested.