

United States Orienteering Federation
Certificate of Insurance Request form
Effective January 1, 2010 to December 31, 2010

Club Name: _____

Club Contact: _____

Club Address: _____

Club Phone: _____

Additional Insured Party Information:

If additional insured is other than a landowner, please specify relationship: _____

Date of Event: _____

Event Site: _____

Name of Additional Insured Party: _____

Address of Additional Insured: _____

Street

City

St

Zip Code

Please Note: If you need more than one additional insured, please complete the second page of this form. The original insurance certificate(s) will be sent to the club contact. The club contact is responsible for sending copies of certificates of insurance to the additional insureds as needed.

Please e-mail/scan, fax or mail this form to the certificate administrator:

Bollinger Insurance

Attn: Kathleen Lazzaro

101 JFK Parkway

Short Hills, NJ 07078

E-mail: Kathleen@BollingerInsurance.com

Fax: 973-921-2876

Phone: 800-350-8005, ext. 8262

I affirm that my club is currently chartered with the United States Orienteering Federation (USOF). I understand that a copy of this certificate will be mailed to USOF's home office to verify my club's official chartered membership status.

Name of Authorized Club Member

Date

Page Two

Club Name: _____

If additional insured below is other than a landowner, please specify relationship:

Additional Insured Name: _____

Address: _____

Street

City

State

Zip Code

If additional insured below is other than a landowner, please specify relationship:

Additional Insured Name: _____

Address: _____

Street

City

State

Zip Code