



**USA GYMNASTICS
SANCTIONED EVENT
CERTIFICATE OF INSURANCE REQUEST**

ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING

**SEND THIS REQUEST TO K&K INSURANCE GROUP, INC./DO NOT SEND TO USA
GYMNASTICS NATIONAL OFFICE**

**SEND/FAX TO: JULIE KRICK/NICK DAVEY
SPORTS DIVISION
K&K INSURANCE GROUP, INC.
PO BOX 2338
FORT WAYNE, INDIANA 46801-2338**

**TELEPHONE: 1-800-441-3994
FASCIMILE: (260) 459-5120**

Please issue a Certificate of Insurance as proof of insurance coverage for the following USA Gymnastics sanctioned event:

NAME OF EVENT: _____

SANCTION NUMBER: _____

SITE OF EVENT: _____

DATE OF EVENT: _____ **TO:** _____

EVENT DIRECTOR: _____

TELEPHONE NUMBER: _____

ADDITIONAL INSURED: _____

RELATIONSHIP TO THE EVENT: _____

*Please note if an equipment provider is requiring to be named as an additional insured per a contract, we will first need to review the contract before approval can be made to name them as an additional insured. Please send copy of contract with the certificate request.

**PLEASE PROVIDE INFORMATION CONCERNING WHERE CERTIFICATE OF INSURANCE
SHOULD BE MAILED OR FAXED TO:**

TELEPHONE NUMBER: _____

CERTIFICATE OF INSURANCE MUST BE RECEIVED BY: _____