

Request for Certificate of Insurance
Winter and Summer Biathlon Events

TO: United States Biathlon Assoc., 49 Pineland Dr, Suite 301A, New Gloucester, ME 04260, Fax# 207-688-6505
POLICY #: 9470548 Lexington Insurance Company

Name of Club or Event Sponsor: _____

Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone# _____ Fax# _____

Sanctioned Event:	Date	Location/City/State
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Certificate to be forwarded to:

Organization: _____ Attn. to: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____

Names & Addresses of those requiring that they be named as additional insureds and relationship (Landowner)

Name _____ Address _____ relation _____

Name _____ Address _____ relation _____

Name _____ Address _____ relation _____

Additional Sponsor Insureds: Lapua, Adidas, Knouff & Knouff, Inc, exel, Hilton Family of Hotels and TD BankNorth

Original copy of certificate will be mailed to the Certificate Holder and one copy will be mailed to the USBA. Indicate if additional copies are to be sent, to whom and address.

Name _____ Address _____ Zip _____

Name _____ Address _____ Zip _____

Name _____ Address _____ Zip _____

The above organization, in requesting Insurance Certification, commits to fulfillment of safety responsibilities including:

- a) maintaining safe facilities b) safety certifying participants, c) maintaining property range supervision

Signed: _____ Title _____ Date _____

The USBA, in endorsing this request, sanctions the above activities:

Signed: _____ Title _____ Date _____

Send completed form to: USBA, 49 Pineland Dr, Suite 301A, New Gloucester, ME 04260, Fax# 207-688-6505