

United States Orienteering Federation
Certificate of Insurance Request Form
Effective January 1, 2025 to December 31, 2026

Certificates of Insurance are issued as proof of insurance coverage to a third party or certificate holder, such as a landowner, park district or government entity. If required, the certificate holder may be named as an Additional Insured on USOF's liability policy. Please complete all sections of this form to receive a Certificate of Insurance and, if needed, proof of Additional Insured status.

Club Name: _____

Club Contact: _____

Club Address: _____

Contact Phone: _____ Email: _____

Certificate Holder/Additional Insured Party Information:

Does the certificate holder require to be named as additional insured? YES _____ NO _____

Name of Holder/Additional Insured Party: _____

Address of Holder/Additional Insured: _____

City _____ State _____ Zip code _____

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

Event Date (s): _____

Event Name, if any: _____

Event Location: _____

(If you need more than one additional insured, please complete the second page of this form.)

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 provided to USOF's home office to verify my club's official chartered membership status. I am responsible for sending copies of certificates of insurance to the certificate holder or additional insureds as needed.

Name of Authorized Club Member

Date

Please complete and return this form to: Lori George, Sports Division, Loomis & LaPann Insurance
PO Box 2158, Glens Falls, NY 12801 E-mail:
lgeorge@loomislapann.com – Phone: 518-792-6561, Fax: 518-792-3426, Toll-free: 800-566-6479

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Club Name: _____

Additional Insured Name: _____

Address: _____

City

State

Zip Code

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

Additional Insured Name: _____

Address: _____

City

State

Zip Code

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

Additional Insured Name: _____

Address: _____

City

State

Zip Code

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