

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

Please Print or Type. Allow 5 to 7 business days for processing. Request may be e-mailed, faxed or mailed to the attention of **Sara Douglas at Leisure Sports Specialist 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 landlord, *please also remit a copy of the permit or agreement. If there are any written agreements regarding your event, please remit to ensure your certificate is processed correctly and promptly.*

Fax the request to Sara Douglass at (260) 969-1201 or email to sdouglass@lss-ins.com. It may also be mailed to Leisure Sports Specialist LLC Attn: Sara Douglass , 6508 Constitution Drive, Fort Wayne, IN 46804. If you have any questions, please contact us at 866-969-1101.

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: _____

Request for a Certificate of Insurance: Please circle one.

PROOF OF INSURANCE **ADDITIONAL INSURED** -- (Is this a requirement of a written contract? Yes or No (circle one))

Name: _____

Address: _____

Relationship: Sponsor _____ Owner/Lessor of Premises _____

Other (Please explain): _____

* IF MULTIPLE DATES AT THE SAME VENUE LOCATION INCLUDE A SEPARATE SHEET SHOWING THE DATES