

CERTIFICATE OF LIABILITY INSURANCE REQUEST FORM



Insured's Name & Mailing Address *(to be listed on Certificate)*:

National Gymnastics Association
PO Box 29078
Indianapolis, IN 46229

Request Date		Rush Request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REQUESTOR INFORMATION				
Requestor Name				
Title				
Phone Number		Fax Number		
Email				
Preferred Return Method	<input type="checkbox"/> <i>Email</i>		<input type="checkbox"/> <i>Fax</i> <input type="checkbox"/> <i>Mail</i>	
EVENT DETAILS				
Event Name				
Event Description				
Event Date(s)				
Event Location		City, State, Zip		
CERTIFICATE HOLDER				
Holder Name				
Mailing Address		City, State, Zip		
Location Address		City, State, Zip		
Type of Interest	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Owner / Landlord <input type="checkbox"/> Event Venue <input type="checkbox"/> Equipment Lessor			
COVERAGES / LIMITS				
General Liability				
Each Occurrence			\$1,000,000	
Personal & Advertising Injury			\$1,000,000	
General Aggregate			\$1,000,000	
Products/Completed Operations Aggregate			\$1,000,000	
Fire Damage to Rented Premises			\$1,000,000	
Medical Expense			\$5,000	
Automobile Liability				
Combined Single Limit			\$0	
Umbrella / Excess Liability				
Each Occurrence			\$0	
Annual Aggregate			\$0	
Workers' Compensation (Employers' Liability)				
Per Statute			Not Applicable	
SPECIAL INSTRUCTIONS				
Additional Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Waiver of Subrogation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Language				

Please send all certificate requests to gabrielle.wiser@nfp.com at NFP for processing.