

# Scholastic Shooting Sports Foundation

## Request for Certificate of Insurance

Sportsman's Insurance Agency, Inc.  
1364 N. US 1, Suite 503  
Ormond Beach, FL 32174

Phone - 800-925-7767  
Fax - 386-677-3292  
Website: [www.siai.net](http://www.siai.net)

**Please complete and email to: Leslie Casanova - [lcasanova@siai.net](mailto:lcasanova@siai.net)**

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### Team Information

Today's Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_ Team:  SCTP  SASP

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are all volunteers and members of the team registered with SSSF:  Yes  No

Does the Certificate Holder require to be listed as an additional insured:  Yes  No

Is the Certificate of Insurance for (check all that apply):  Gun Club  School  Special Event (see below)

Other: \_\_\_\_\_

### Special Event Information

Name of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

### Certificate Holder Information

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_