



*Protecting Gun Owners
and Gun Clubs
Since 1991*

April 19, 2021

The Scholastic Shooting Sports Foundation (SSSF) provides general liability insurance for the athletes, coaches, advisors and other volunteers who have joined the Scholastic Clay Target Program (SCTP) and Scholastic Action Shooting Program (SASP) for exposures related to the SCTP and SASP activities. The attached letter and Certificate outlines the SSSF policy's coverages and limits and can be used to provide proof of coverage.

It is common for gun clubs, schools, municipalities, or other practice locations to request additional insured status on the SSSF general liability policy. The purpose of this letter is to provide instruction on how to request an additional insured certificate.

To obtain an additional insured certificate of insurance, please complete the attached form. The top portion of the form provides information about you and your team. The bottom portion of the form provides pertinent information about the entity requesting the certificate.

If you have any questions concerning the attached, please feel free to contact the undersigned.

Yours truly,

A handwritten signature in blue ink that reads "Leslie Casanova".

Leslie Casanova

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

Please complete and email to: Ben Berka bberka@sssfonline.com

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

Are you registered with any other organization that participants in shooting sports? Yes No

If yes, please provide information: _____

Are any of your athletes registered with other organizations that participant in shooting sports? Yes No

If yes, please provide information: _____

Certificate Holder Information

(Please complete the following for all gun club, schools, where teams regularly compete or practice)

Certificate Holder is a: Gun Club School County Other: _____

Certificate Holder Name: _____

Certificate Holder Point of Contact: _____

Mailing Address: _____

Physical Location: _____

Phone Number: _____ Email: _____

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

Certificate Holder is a: Gun Club School County Other: _____

Certificate Holder Name: _____

Certificate Holder Point of Contact: _____

Mailing Address: _____

Physical Location: _____

Phone Number: _____ Email: _____

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

Certificate Holder is a: Gun Club School County Other: _____

Certificate Holder Name: _____

Certificate Holder Point of Contact: _____

Mailing Address: _____

Physical Location: _____

Phone Number: _____ Email: _____

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

Special Event Information

(Please complete the following if you are holding a special event where the team does not regularly hold competitions or practices)

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: _____

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