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,

Leslie Casanova

1364 North US 1, Suite 503  •  Ormond Beach, Florida 32174
800 925-7767  •  386 677-2588  •  Fax: 386 677-3292  •  www.siai.net
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: 
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 participate 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