

United States Orienteering Federation  
Certificate of Insurance Request Form Effective  
January 1, 2023 to December 31, 2023

Certificates of Insurance are issued as proof of insurance coverage to a third party or certificate holder, such as a landowner, park district or government entity. If required, the certificate holder may be named as an Additional Insured on USOF's liability policy. Please complete all sections of this form to receive a Certificate of Insurance and, if needed, proof of Additional Insured status.

**Please complete and return this form to:**     **Lori George, Sports Division, Loomis & LaPann Insurance  
PO Box 2158, Glens Falls, NY 12801  
[lgeorge@loomislapann.com](mailto:lgeorge@loomislapann.com)  
Phone: (518) 792-6561 or (800) 566-6479; Fax: 518-792-3426**

**Club Information:**

Club Name: \_\_\_\_\_  
Club Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Certificate Holder/Additional Insured Party Information:** *(if more than one, see page 2)*

Does the certificate holder require to be named as additional insured?                                          YES \_\_\_\_\_ NO \_\_\_\_\_  
Additional Insured Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_

**Event Information:**

Event Date(s): \_\_\_\_\_  
Event Name, if any: \_\_\_\_\_  
Event Location: \_\_\_\_\_

I affirm that my club is currently chartered with the United States Orienteering Federation (USOF). I understand that a copy of this certificate will be provided to USOF's home office to verify my club's official chartered membership status. I am responsible for sending copies of certificates of insurance to the certificate holder or additional insureds as needed.

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**Name of Authorized Club Member** **Date**

Certificate of Insurance Request Form--Continued  
(If you need more than one additional insured, please complete the section below)

**Club Name:** \_\_\_\_\_

**Additional Insured 2-4:**

Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_

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Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_

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Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_