

SPORTSMEN'S INSURANCE AGENCY PLAN, INC.
PO BOX 799
CAPE VINCENT, NY 13618-0799
PHONE: (315) 654-2068 FAX: (315) 654-3097

CERTIFICATES OF INSURANCE

TO BE GIVEN TO A PROPERTY OWNER IF THEY NEED PROOF THAT YOUR ORGANIZATION
HAS LIABILITY INSURANCE.

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER: _____

ADDITIONAL INSURED ENDORSEMENT CERTIFICATES

THESE ARE ISSUED **IF REQUIRED** BY THE PROPERTY OWNER WHERE YOUR
ORGANIZATION IS HOLDING AN EVENT.

**HAS YOUR ORGANIZATION SIGNED ANY CONTRACTS, LEASE AGREEMENTS, ETC. WITH
THE PROPERTY OWNER NAMED BELOW?

_____ YES _____ NO

IF "YES", A COPY OF ALL CONTRACTS TO BECOME PART OF COVERAGE ON THIS POLICY
MUST BE SUBMITTED AND KEPT ON FILE AT THIS AGENCY.

**PLEASE NOTE: THIS LIABILITY POLICY IS WRITTEN TO PROTECT YOUR
ORGANIZATION FOR BODILY INJURY AND/OR PROPERTY DAMAGE ONLY CAUSED BY
THE NEGLIGENCE OF YOUR ORGANIZATION AND/OR ORGANIZATION MEMBERS.**

NAME OF PROPERTY OWNER: _____

MAILING ADDRESS OF PROPERTY OWNER: _____

LOCATION OF PROPERTY TO BE USED: _____

EXACT AREA BEING USED BY YOUR ORGANIZATION: _____

EXACT TIMES AND DATES YOUR ORGANIZATION WILL BE USING THE PROPERTY:

CLUB NAME: _____ EXPIRATION DATE: _____

CLUB #: _____ AUTHORIZED SIGNATURE: _____

POSITION: _____ PLEASE PRINT NAME: _____

DATE: _____