

# CERTIFICATE REQUEST FOR B.A.S.S. FEDERATION NATION TOURNAMENTS & EVENTS

\*\*\*Please Print or Type. Allow 5 to 7 business days for processing. Request may be e-mailed, faxed or mailed to the attention of **Sara Douglas at Leisure Sports Specialist LLC**. Certificates will be e-mailed, faxed or mailed to you for distribution to any requested certificate holders or additional insureds. If special wording is required by a governmental entity or landlord, *please also remit a copy of the permit or agreement. If there are any written agreements regarding your event, please remit to ensure your certificate is processed correctly and promptly.*\*\*\*

**Fax the request to Sara Douglass at (260) 969-1201 or email to [sdouglass@lss-ins.com](mailto:sdouglass@lss-ins.com). It may also be mailed to Leisure Sports Specialist LLC Attn: Sara Douglass , 6508 Constitution Drive, Fort Wayne, IN 46804. If you have any questions, please contact us at 866-969-1101.**

## **CLUB INFORMATION:**

Name of State Federation/Affiliated Club/Federation Junior Club: \_\_\_\_\_  
\_\_\_\_\_

Club Representative & Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
\_\_\_\_\_

Date of Certificate Request: \_\_\_\_\_

## **EVENT INFORMATION:**

Name of Event: \_\_\_\_\_ Date(s) of Event:\* \_\_\_\_\_  
\_\_\_\_\_

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

**Request for a Certificate of Insurance:** Please circle one.

**PROOF OF INSURANCE**                      **ADDITIONAL INSURED** -- (Is this a requirement of a written contract? Yes or No (circle one))

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

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

Relationship: Sponsor \_\_\_\_\_ Owner/Lessor of Premises \_\_\_\_\_  
\_\_\_\_\_

Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_

\* IF MULTIPLE DATES AT THE SAME VENUE LOCATION INCLUDE A SEPARATE SHEET SHOWING THE DATES