

NEW YORK STATE SKI RACING ASSOCIATION - NORDIC, INC.

REQUEST FOR CERTIFICATE OF INSURANCE

To obtain a certificate of insurance...

Complete the following information, (please print or type.):

Name _____ NYSSRA member # _____

Address (street/town/state/zip) _____

Club _____

____ This is for a number of club activities at one location (please attach a rough calendar of events)

____ This is for one event:

Name of Activity: _____

Date of Activity: _____

Location: _____

Who must be named as additionally insured? _____

Is the additional insured an owner or manager of the premises you want to use?

___ Yes ___ No

Certificates of insurance should be mailed to:

Name: _____

Address: _____

If more information is needed please contact: _____

Phone: _____

Sign and Date this request: _____

Then mail this certificate of insurance request to
Larry Wilkinson, 7 Ramblewood Drive South, Deerfield, NY 13502
Email: nordic@roadrunner.com Ph 315-797-9341.