



**USA GYMNASTICS  
SANCTIONED EVENT  
CERTIFICATE OF INSURANCE REQUEST**

ALLOW 30 DAYS IN ADVANCE OF THE EVENT FOR PROCESSING

**SEND THIS REQUEST TO K&K INSURANCE GROUP, INC./DO NOT SEND TO USA  
GYMNASTICS NATIONAL OFFICE**

**SEND/FAX TO: ANGIE GALLMEYER  
SPORTS DIVISION  
K&K INSURANCE GROUP, INC.  
PO BOX 2338  
FORT WAYNE, INDIANA 46801-2338**

**TELEPHONE: 1-800-441-3994  
FASCIMILE: (260) 459-5120**

Please issue a Certificate of Insurance as proof of insurance coverage for the following USA Gymnastics sanctioned event:

**NAME OF EVENT:** \_\_\_\_\_

**SANCTION NUMBER:** \_\_\_\_\_

**SITE OF EVENT:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EVENT DIRECTOR:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**ADDITIONAL INSURED:** \_\_\_\_\_

**RELATIONSHIP TO THE EVENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note if an equipment provider is requiring to be named as an additional insured per a contract, we will first need to review the contract before approval can be made to name them as an additional insured. Please send copy of contract with the certificate request.

**PLEASE PROVIDE INFORMATION CONCERNING WHERE CERTIFICATE OF INSURANCE  
SHOULD BE MAILED OR FAXED TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**CERTIFICATE OF INSURANCE MUST BE RECEIVED BY:** \_\_\_\_\_