

**USTA CERTIFICATE OF INSURANCE REQUEST
SECTION/DISTRICT MANAGED EVENTS ONLY**

Fax back to: Jean at NorCal: 510-748-7377

Date: _____

Fax or e-mail to: Franklin Case Agency, LLC
5 Walter Foran Blvd., Suite 2010
Flemington, NJ 08822

Fax No. 908-782-2606
E-Mail: jeana@franklin-case.com
Tel. No. 908-806-2531

USTA Section/District: Northern California
USTA Section/District Contact Name: Anna Elefant, Manager Adult Tennis
Telephone Number 510-748-7373 Fax Number 510-748-7377
Email Address: macdonald@norcal.usta.com or elefant@norcal.usta.com

Type of USTA Section/District Event/Activity/Program:

USA League Events USA Team Events Other (Describe) _____

USTA Appointed Team Captain/League Coordinator: (Cannot be a CTA/NJTL)

Name and Address: _____

Telephone No. _____

Fax No. _____

Date(s) of Event/Activity/Program: _____

Number of
Participants: Players _____ Coaches _____ Officials _____ Other _____

Name and Address of Certificate Holder: _____
(Same as the venue where the event,
is taking place - entity or facility requesting
evidence of insurance. Cannot be a
CTA/NJTL or individual. _____

Special Wording: _____

Note: Attach a copy of any insurance requirement/hold harmless clauses for any contract that you sign. This will enable us to make sure your certificate is issued correctly and that the coverage requested is provided under the USTA insurance policies.

THIS CERTIFICATE PROVIDES EVIDENCE OF LIABILITY INSURANCE IN FORCE FOR THE USTA, ITS SECTIONS/DISTRICTS AND APPOINTED INDIVIDUALS.

Signature of Section/District Contact Making Request: _____