

**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: jenna@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: \_\_\_\_\_