

**USTA CERTIFICATE OF INSURANCE REQUEST
SECTION/DISTRICT FUNCTIONS ONLY**

Fax or Email to NorCal: c/o Tony Ng: ng@norcal.usta.com or fax: 510-748-7377

Check One:

Date: _____

☐ Tournament (Section Holds Sanction)

☐ USTA League Events

☐ USTA Team Events

☐ Other (Describe) _____

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

USTA Section/District: Northern California

USTA Section/District Contact Name: Tony Ng

Telephone Number: 510-263-0468

Fax Number: 510-748-7377

Email: ng@norcal.usta.com

USTA Designated Team Captain/League Coordinator: _____ (Cannot be a Member Organization)

Name: _____

Email: _____

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

Facility Name/Location of Activities: _____

Additional Insureds: Name: _____

(attach list) Address: _____

Relationship: _____

We will fax to the agency below once we receive your request.

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 ext. 112

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.

(Effective December 20, 2013)