



## United States Amateur Boxing, Inc.

1 Olympic Plaza, Colorado Springs, CO 80909

Fax: 719-632-3426

### CERTIFICATE OF LIABILITY REQUEST

**ALL CERTIFICATES WILL BE SENT ELECTRONICALLY VIA EMAIL**

**Certificates will be emailed to the email address of the Sponsor Club and email addresses as provided for any Additional Insured**

**Sanction #** \_\_\_\_\_ **Training Certificate, Club #** \_\_\_\_\_

1. **Name of Sponsor Club:** \_\_\_\_\_
2. **Address of Sponsor Club:** \_\_\_\_\_
3. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
4. **Telephone of Sponsor Club:** \_\_\_\_\_
5. **Sponsor Club Contact:** \_\_\_\_\_
6. **Sponsor Club Contact email address:** \_\_\_\_\_

**ADDITIONAL INSURED REQUESTS (Venue, landlord, sponsor, other):**

1. **Name of Additional Insured:** \_\_\_\_\_
2. **Address of Additional Insured:** \_\_\_\_\_
3. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
4. **Relationship (venue, landlord, sponsor, other):** \_\_\_\_\_
5. **Additional Insured Contact:** \_\_\_\_\_
6. **Additional Insured Contact email address:** \_\_\_\_\_

**LOCATION OF TRAINING FACILITY:** \_\_\_\_\_

**EVENT INFORMATION:**

1. **Date of event(s):** \_\_\_\_\_ **No. of Spectators:** \_\_\_\_\_
2. **Name of Event:** \_\_\_\_\_

**LBC INFORMATION:**

1. **LBC Name:** \_\_\_\_\_ **LBC Number:** \_\_\_\_\_
2. **LBC Authorized Signature:** \_\_\_\_\_

**PLEASE ATTACH A SEPARATE SHEET FOR OTHER ADDITIONAL INSURED REQUESTS**

**FEES-Effective 01/01/2010**

**\$25.00 for each certificate of liability request**

**\$10.00 service fee will be charged for re-issued or corrected certificates due to incorrect or added information**

**PLEASE REPRODUCE AS**