

SPORTSMEN'S INSURANCE AGENCY PLAN, INC.  
PO BOX 799, 170 E. BROADWAY STREET  
CAPE VINCENT, NEW YORK 13618-0799  
315-654-2068 315-654-3097

TO ALL CLIENTS

Please Read Carefully

**PLEASE MAKE SURE THAT THE CLUB NEEDS THE ENDORSEMENT. IF ENDORSEMENTS ARE ISSUED, THE PREMIUM IS STILL DUE, EVEN IF THE ENDORSEMENT IS STILL CANCELLED.**

Subject: Issuing of Certificates of Insurance and/or Additional Insured Endorsement Certificates

Effective immediately, all clubs are being asked to submit one of the enclosed forms when requesting Certificates of Insurance or Additional Insured Endorsements. **This is to be done only if the property owner where your club is holding an event requires it.**

**\*\*New forms must be submitted; regardless if your club uses the same property, same location and the event takes place at the same times as indicated on previous endorsements.**

The top portion of the form is for club information.

The bottom portion of the form is for property owner information. Please complete all necessary information.

**Please check one of the following: Proof of Coverage only. This is a Certificate of Insurance and just shows that the club has an insurance policy. It does not extend coverage to the property owner. Additional Insured. This is issued when a property owner asks to be added to your policy. This should be done only at the request of the property owner. Please check your contracts. When you add a property owner to your policy you are sharing your limits of liability with them. There is a minimum charge of \$50.00 for Additional Insured Endorsements.**

Please feel free to make copies or phone our office and we will be happy to mail or fax you additional copies.

Also, we ask that you notify us **at least seven (7) days prior** to your upcoming club event so we can meet your time requirements, and see to it that the paperwork you need is received by your club in a timely manner. **Last minute requests will be subjected to a late notice fee.**

Please be sure the form is filled out **completely and accurately.** If information is not supplied the form will be returned.  
Please remember-if your club has signed a contract or lease agreement, a copy must be on file in our office.

Your co-operation in these matters is greatly appreciated.

## REQUEST FOR CERTIFICATE OF INSURANCE

(PLEASE COMPLETE FOR LAND/FACILITY OWNERS OR LESSOR/SPONSOR REQUIRING THE CERTIFICATES FOR CLUB EVENTS)

Name of Club: \_\_\_\_\_

Complete Club's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Need no Later Than: \_\_\_\_\_  
Is this certificate for a permit?  Yes  No

### CERTIFICATE HOLDER INFORMATION

LAND/FACILITY OWNERS NAME: \_\_\_\_\_

\_\_\_\_\_ Please included any specific wording required

OR

LESSORS/SPONSORS: \_\_\_\_\_

DATES AND TIMES OF EVENT: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS WHERE THE EVENT IS TO BE HELD:

Street: \_\_\_\_\_  
City, State: \_\_\_\_\_

LAND/FACILITY OWNER OR LESSOR/SPONSOR MAILING ADDRESS

Attn: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

**PROOF OF COVERAGE ONLY** \_\_\_\_\_  
**ADDITIONAL INSURED** \_\_\_\_\_

Please refer to your contract in choosing the appropriate type of certificate

You may mail, fax or e-mail requests to:

SPORTSMEN'S INSURANCE AGENCY PLAN, INC.  
PO BOX 799  
CAPE VINCENT, NY 13618  
315-654-2068  
315-654-3097 – FAX  
315-654-2334 – FAX

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