

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

Complete boxes in red and email to [herur@norcal.usta.com](mailto:herur@norcal.usta.com)

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: Vinod Herur

Telephone Number: 510-263-9812

Email: herur@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 if more)      Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

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

Fax or e-mail to:    Arthur J. Gallagher & Co.  
707 State Road  
Princeton, NJ 08540

Fax No. 609-543-2690  
E-Mail: [Peggy\\_Jelley@ajg.com](mailto:Peggy_Jelley@ajg.com)  
Tel. No. 609-524-3017

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 1, 2018)