

**USTA CERTIFICATE OF INSURANCE REQUEST FOR
SECTION/DISTRICT FUNCTIONS WHEN EVIDENCE OF INSURANCE IS REQUIRED**

Date: _____

Fax or e-mail to: Family Financial Group, Inc.
270 South Main Street
Flemington, NJ 08822

Fax No. 908-782-5203
E-Mail: bfranklin@familyfinancialgrp.com
Tel. No. 908-782-4028

USTA Section/District: _____

USTA Section/District Contact Name: _____

Telephone Number _____ Fax Number _____

Email Address: _____

Type of USTA Section/District USA League Tennis USA Team Tennis USTA Sanctioned
Event/Activity/Program: Other (Describe) _____ Tournament

USTA Appointed Individual: (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: _____