



*Protecting Gun Owners  
and Gun Clubs  
Since 1991*

August 31, 2021

The Scholastic Shooting Sports Foundation (SSSF) provides general liability insurance for the athletes, coaches, advisors and other volunteers who have joined the Scholastic Clay Target Program (SCTP) and Scholastic Action Shooting Program (SASP) for exposures related to the SCTP and SASP activities. The attached letter and Certificate outlines the SSSF policy's coverages and limits and can be used to provide proof of coverage.

It is common for gun clubs, schools, municipalities, or other practice locations to request additional insured status on the SSSF general liability policy. The purpose of this letter is to provide instruction on how to request an additional insured certificate.

To obtain an additional insured certificate of insurance, please complete the attached form. The top portion of the form provides information about you and your team. The bottom portion of the form provides pertinent information about the entity requesting the certificate.

If you have any questions concerning the attached, please feel free to contact the undersigned.

Yours truly,

Leslie Casanova

# Scholastic Shooting Sports Foundation

## Request for Certificate of Insurance

Sportsman's Insurance Agency, Inc.  
1364 N. US 1, Suite 503  
Ormond Beach, FL 32174

Phone - 800-925-7767  
Fax - 386-677-3292  
Website: [www.siai.net](http://www.siai.net)

Please complete and email to: Ben Berka [bberka@sssffonline.com](mailto:bberka@sssffonline.com)

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### Team Information

Today's Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_ Team:  SCTP  SASP

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are all volunteers and members of the team registered with SSSF:  Yes  No

Are you registered with any other organization that participants in shooting sports?  Yes  No

If yes, please provide information: \_\_\_\_\_

Are any of your athletes registered with other organizations that participant in shooting sports?  Yes  No

If yes, please provide information: \_\_\_\_\_

### Certificate Holder Information

(Please complete the following for all gun club, schools, where teams regularly compete or practice)

Certificate Holder is a:  Gun Club  School  County  Other: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the Certificate Holder require to be listed as an additional insured:  Yes  No

Certificate Holder is a:  Gun Club  School  County  Other: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the Certificate Holder require to be listed as an additional insured:  Yes  No

Certificate Holder is a:  Gun Club  School  County  Other: \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_

Certificate Holder Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the Certificate Holder require to be listed as an additional insured:  Yes  No

**Special Event Information**

(Please complete the following if you are holding a special event where the team does not regularly hold competitions or practices)

Name of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_  
Description of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_

**Certificate Holder Information**

Certificate Holder Name: \_\_\_\_\_  
Certificate Holder Point of Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Location: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the Certificate Holder require to be listed as an additional insured:  Yes  No