



*Protecting Gun Owners  
and Gun Clubs  
Since 1991*

August 31, 2023

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 sanctioned 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 a certificate of insurance for a gun club, school or county that wants to be listed as an additional insured, please complete the attached Request for Certificate 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 gun club, school or county that is requesting the certificate.

To obtain a certificate of insurance for a privately held property, please provide photos of the entire property that will be used to conduct SCTP/SASP operations. Be sure to include photos of all of the ranges: trap, skeet or sporting clays fields and/or all pistol and rifle ranges. Please provide all information regarding the berms and backstop together with any type of baffling system or bullet traps the property may have.

The second page is to be completed when your SCTP/SASP team will be holding a special event at a location that they do not normally hold competitions or practices.

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: Brad Fleury [bfleury@sssfonline.com](mailto:bfleury@sssfonline.com) and  
Leslie Casanova [lcasanova@siai.net](mailto:lcasanova@siai.net)

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### Team Information

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

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

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

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

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

Are all members/athletes of the team registered with SSSF:  Yes  No

Are you or any of your adult volunteers registered with other organizations that participate in shooting sports?  
 Yes  No If yes, please provide information: \_\_\_\_\_

Are any of your athletes registered with other organizations that participate in shooting sports?  Yes  No  
If yes, please provide information: \_\_\_\_\_

### Certificate Holder Information – for Gun Clubs, Schools and County

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

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

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 (describe): \_\_\_\_\_

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 Information – For privately held property**

(Please complete the following for privately held property, where teams regularly compete or practice)

To obtain a certificate of insurance for a privately held property, please provide photos of the entire property that will be used to conduct SCTP/SASP operations. Be sure to include photos of all of the ranges: trap, skeet or sporting clays fields and/or all pistol and rifle ranges. Please provide all information regarding the berms and backstop together with any type of baffling system or bullet traps the property may have.

Certificate Holder is a privately held property and we conduct:  SASP and/or  SCTP activities.

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

## **Request for Certificate for a Special Event**

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

### **Special Event and Certificate Holder Information**

Name of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_ Average Number of Participants each day: \_\_\_\_\_

Describe all activities to be conducted during event: \_\_\_\_\_

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