

## **Processing Procedures**

### **Associated with**

### **Liability Insurance**

#### **SUBJECT: Certificate of Insurance Holder & Additional Insured**

For the current membership year, some changes in procedure are required for USA Wrestling Chartered Club and Sanctioned Event Director that wish to add owner/operators of facilities, they use, as Certificate Holders and/or Additional Insureds.

If as a USA Wrestling Chartered Club or Sanctioned Event Director you need to add the owner/operator of the facility you use as a Certificate Holder or Additional Insured, please read the information provided below.

#### **A. USA Wrestling Chartered Clubs:**

1. Each USA Wrestling Chartered Club receives from the Insurance Carrier a Certificate of Insurance which is proof that the club and its directors and volunteers are provided liability insurance coverage for covered claims and related litigation (within the conditions and limits of the policy) under the liability insurance policy procured by USA Wrestling. No charge for certificate.
2. The owner/operators of the facility that the club uses, may request that they be listed as a Certificate Holder on a Certificate of Insurance issued by the Insurance Carrier. This gives the owner/operators proof that you club does in fact have liability insurance for its activities and will be notified of any changes. The club may request this from the Insurance Carrier by indicating the owner/operator on the appropriate section for the USA Wrestling Application for Club Charter and paying the appropriate processing fee. The club director will be sent the appropriate certificate, indicating the owner/operator as a Certificate Holder, which he/she will be required to deliver to the owner/operators.
3. If the owner/operators request that they, as a Certificate Holder, be added as an Additional Insured to the policy, the club director must request this from the insurance carrier using the appropriate form. Adding an Additional Insured is subject to the approval of the Insurance Carrier. Once the owner/operators become a Certificate Holder there is no fee for adding them as an Additional Insured. The club director will be sent the appropriate endorsement, indicating the owner/operator as an Additional Insured, which he/she will be required to deliver to the owner/operator. Note: To add the owner/operators as an Additional Insured they must have been issued a certificate indicating that the owner/operator are a Certificate Holder.

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## **B. Sanctioned Events**

1. Each USA Wrestling Sanctioned Event Director receives from the Insurance Carrier a Certificate of Insurance, which is proof that the event and its directors and volunteers are provided liability insurance coverage for covered claims and related litigation (within the conditions and limits of the policy) under liability insurance policy procured by USA Wrestling. No charge for certificate.
2. The owner/operators of the facility in which the event is hosted, if listed appropriately on the Application for Sanction of Event, is automatically listed as a Certificate Holder on a Certificate of Insurance issued by the Insurance Carrier. The event director will be sent the appropriate certificate, which he/she will be required to deliver to the owner/operator, if necessary. If the owner/operator is listed as a Certificate Holder, this provides the owner/operator proof that the event is sanctioned and has liability insurance coverage under the terms and conditions of the policy for dates specified. This is all included in the Event Sanction fee.
3. If the owner/operator request that they, as a Certificate Holder, be added as an Additional Insured to the policy, the event director must request this from the Insurance Carrier using the appropriate form. Adding an Additional Insured is subject to the approval of the Insurance Carrier. There is no fee for adding the owner/operator, once they are a Certificate Holder, as an Additional Insured.

Applications for Club Charters, Applications for Sanction of Event and Applications for Adding Additional Insureds should all be forward to your State Chairperson or Membership Director.

Forms for making application to the Insurance Carrier for Adding an Additional Insured are enclosed or are available from the National Headquarters' State Services Department.

The above information provides instructions for adding owner/operator as Certificate Holders and Additional Insureds. No part of these instructions are to be deemed USA Wrestling policy or part of the insurance policy, no do they replace any conditions or terms of the policy. These instructions are subject to change if in any way they are found to conflict with the terms or conditions of the actual insurance policy.

**APPLICATION to ADD CERTIFICATE HOLDER  
As an ADDITIONAL INSURED**

This request is being made to the Insurance Carrier. The requesting party (club or event sponsor/director) is making application for the Certificate Holder named below, associated with the club or event also indicated below to be added as an Additional Insured. It is understood that Additional Insureds are subject to approval by the Insurance Carrier. Upon receipt, USA Wrestling will forward this application to the carrier. Approved Additional Insureds will be noted by endorsement issued by the Insurance Carrier and mailed to the club/event director.

**Complete all applicable portions of this form (type or print neatly).**

Date: \_\_\_\_\_

Name of Party Making Application: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_

**Name of Certificate Holder:** \_\_\_\_\_ State: \_\_\_\_\_  
(Not club or event director)

How Associated with the Club or Event: \_\_\_\_\_  
(i.e. owner of building, school district, building operator, etc.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Event or Club Name: \_\_\_\_\_

If Event, date(s) of sanctioned event: \_\_\_\_\_

Mail Endorsement To: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_

Attach a copy of this form to your Application for club Charter or Sanctioned Event, and submit to your State Chairperson/Membership Director

**NATIONAL OFFICE USE ONLY**  
DATE RECEIVED: \_\_\_\_\_  
INITIALS: \_\_\_\_\_ # \_\_\_\_\_