

Requesting a Certificate of Insurance from USMS

BEGIN at the link to the Certificate Portal:

<http://portal.esixglobal.com/request/default.aspx?auth=usms>



REQUEST A CERTIFICATE

Use the form below to request a certificate of insurance for approved/insured activities. A list of organizations/names will appear when you start typing the name, city, or state code.

NOTE: New organizations/new names will be unable to utilize this certificate request form. If your organization or name does not appear when attempting to enter your information in the first data field listed, please contact USMS Member Services (membership@usmastersswimming.org) for additional assistance.

Please allow a minimum of 3-5 business days for review and processing of your certificate request. Once your certificate request has been processed, you will receive an email message confirming approval of your request and a copy of the certificate of insurance or a denial message if necessary.

Please be sure to check your Junk/Spam email folder for this communication as many email systems (AOL, Gmail, Yahoo, etc.) recognize this message as a system automated email.

If your request is urgent, please contact USMS Member Services (membership@usmastersswimming.org) for assistance and note that additional expediting and service fees may apply.

ORGANIZATION/CLUB/NAME: This is usually a currently-registered USMS club or workout group. It can also be an event director's business name. Begin typing in the name and then select it from the pull-down list. If your group's name does not appear in the list, contact USMS Member Services at membership@usmastersswimming.org

Governing Body

Governing Body: United States Masters Swimming, Inc.

* Organization/Club/Name:

* Type of Certificate:	Select template... ▼
	Select template...
tails	16-17 GL & XS - Additional Insured
* Event Name:	16-17 GL & XS - Evidence Only

TYPE OF CERTIFICATE: An "Evidence Only" certificate is for the club itself, to keep on file or to use as proof of coverage. It lists the club as certificate holder. An "Additional Insured" certificate lists a third party (besides the club) as an additional insured. This is usually a facility, city, or parks & rec organization from whom you rent, lease or borrow an activity venue.

EVENT NAME: If the certificate is for ongoing swim practices, enter the word "Workouts." If it is for a specific event (such as a swim meet or clinic) enter that event name.

Event Details	
* Event Name:	<input type="text"/>
* Start Date:	<input type="text"/> (MM/DD/YYYY format)
* End Date:	<input type="text"/> (MM/DD/YYYY format)

START DATE: If the certificate is for ongoing swim practices, enter today's date. Otherwise enter the start date for the event. (Please note that we cannot backdate certificates.)

END DATE: If the certificate is for ongoing swim practices, enter the policy end date, which is September 30th each year. For an event, enter the end date of the event (not later than September 30th).

HOLDER NAME: For an "Evidence Only" certificate, enter the club name. For an "Additional Insured" certificate, enter the entity name (the facility, city, etc., that has requested to be named on the certificate).

Certificate Holder

* Holder Name:

* Address (1):

Address (2):

* City:

* State:

* ZIP Code:

* Certificate holder's interest:

* Certificate holder's interest:

Contact Information

CERTIFICATE HOLDER'S INTEREST: This is usually the facility owner but if not, select the proper option

Contact Information

* Contact Name:

* Contact Phone:

* Contact Email:

CONTACT NAME AND PHONE:
The contact information for the person requesting the certificate (usually a club representative)

CONTACT EMAIL: This should be the club contact's email address. We will not send certificates directly to the Additional Insured party.

Click the "Save Record" button when ready to submit