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.

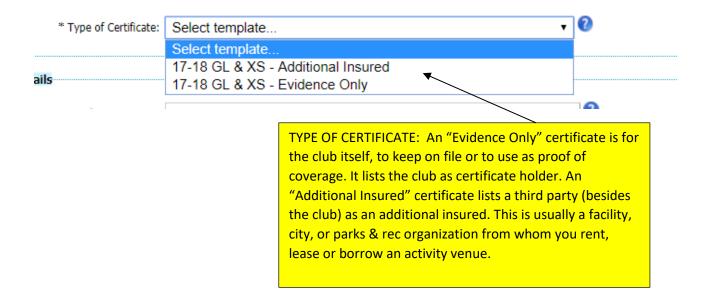
Please allow a minimum of 3-5 business days for review and processing of your certificate request. Once your certificate request has been processed, you will receive an email message confirming approval of your request and a copy of the certificate of insurance or a denial message if necessary.

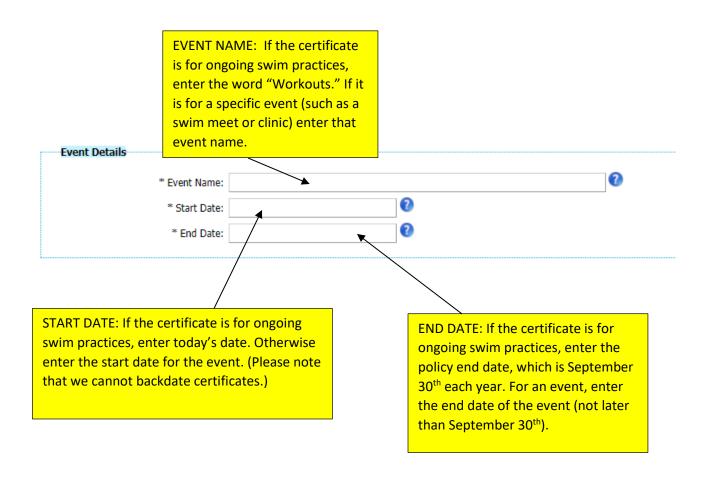
Please be sure to check your Junk/Spam email folder for this communication as many email systems (AOL, Gmail, Yahoo, etc.) recognize this message as a system automated email.

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:





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 0 * Holder Name: * Address (1): Address (2): * City: Select state... * State: • * ZIP Code: * Certificate holder's interest: | Select... 0 **CERTIFICATE HOLDER'S** * Certificate holder's interest: Select... INTEREST: This is usually the Select... facility owner but if not, select Premises Owner/Facility the proper option Sponsor act Information Other * Contact Namos **CONTACT NAME AND PHONE:** The contact information for the person requesting the certificate Contact Information (usually a club representative) * Contact Name: * Contact Phone: * Contact Email: Save Record Reset Editor CONTACT EMAIL: This should be the club contact's email address. We will not send certificates directly to the Additional Click the "Save Record" button when ready to submit Insured party.