



United States Amateur Boxing, Inc.

1 Olympic Plaza, Colorado Springs, CO 80909
Fax: 719-632-3426

CERTIFICATE OF LIABILITY REQUEST

ALL CERTIFICATES WILL BE SENT ELECTRONICALLY VIA EMAIL

Certificates will be emailed to the email address of the Sponsor Club and email addresses as provided for any Additional Insured

Sanction # _____ Training Certificate, Club # _____

1. Name of Sponsor Club: _____
2. Address of Sponsor Club: _____
3. City: _____ State: _____ Zip: _____
4. Telephone of Sponsor Club: _____
5. Sponsor Club Contact: _____
6. Sponsor Club Contact email address: _____

ADDITIONAL INSURED REQUESTS (Venue, landlord, sponsor, other):

1. Name of Additional Insured: _____
2. Address of Additional Insured: _____
3. City: _____ State: _____ Zip: _____
4. Relationship (venue, landlord, sponsor, other): _____
5. Additional Insured Contact: _____
6. Additional Insured Contact email address: _____

LOCATION OF TRAINING FACILITY: _____

EVENT INFORMATION:

1. Date of event(s): _____ No. of Spectators: _____
2. Name of Event: _____

LBC INFORMATION:

1. LBC Name: _____ LBC Number: _____
2. LBC Authorized Signature: _____

**PLEASE ATTACH A SEPARATE SHEET FOR OTHER ADDITIONAL INSURED REQUESTS
FEES-Effective 01/01/2010**

**\$25.00 for each certificate of liability request
\$10.00 service fee will be charged for re-issued or corrected certificates due to incorrect or
added information**

PLEASE REPRODUCE AS NEEDED