



## USHPA EVENT INSURANCE APPLICATION FORM

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300, www.ushpa.aero, info@ushpa.aero

**Please provide an email address and a mailing address for your copy of the certificate. USHPA receives a copy of each certificate. Your copy is sent directly to you from the insurance company.**

**Please Note: Your Event Insurance is now included as part of your Sanction or ACE Fee.**

### Applicant Information

Requesting Member/Chapter (*certificate holder*) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

If different, Send Certificate To: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Name of the Event \_\_\_\_\_

Date(s) of the Event \_\_\_\_\_

**Please give a specific name, physical address or detailed description of the event location.**

Event Location \_\_\_\_\_

Purpose of Event \_\_\_\_\_

### Additionally Insured

**Print name as you would like it to appear on the certificate. Include the mailing address for each additional insured even if the requesting party will hold the certificate for the landowner/sponsor.**

**Note: It is not necessary to re-list landowners if the event is being held at an insured site.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**If an additional copy of the Certificate of Insurance needs to be forwarded to someone else, please provide their name and email address below:**

1. \_\_\_\_\_

2. \_\_\_\_\_

### Instructions

**For questions please call 800-616-6888. You can mail, fax or email your request to our office. (Email should be in either Word format or PDF)**

**Mail to:  
USHPA  
PO Box 1330  
Colorado Springs, CO 80901**

**Fax to: 719.632.6417**

**Scan & Email to: info@ushpa.aero**