



USHPA SANCTIONED 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: Event Insurance is optional for Sanctioned Events

Fees (Circle One)

1-2 days: \$75

3-4 days: \$125

5-6 days: \$175

7 days and over: \$250

Credit Card Number: _____ Exp Date: _____

Applicant Information

Requesting Member/Chapter (certificate holder) _____

Mailing Address _____ City _____ State ____ ZIP _____

Email Address _____ Phone _____

If different, Send Certificate To: _____ Email 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 USHPA 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