

**Request for Certificate of Insurance**  
**Winter and Summer Nordic Skiing Events**  
**(PLEASE type)**

TO: New England Nordic Ski Association, 49 Pineland Dr, Suite 301A, New Gloucester, ME 04260, Fax# 207-688-6505  
POLICY #: Philadelphia Insurance Co. Policy#s PHPK279563 and PHUB101029

Name of Club or Event Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Sanctioned Event:	Date	Location/City/State
_____	/ /	/ / /
_____	/ /	/ / /
_____	/ /	/ / /

Certificate to be forwarded to:

Organization: \_\_\_\_\_ Attn. to: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Fax# \_\_\_\_\_ Email \_\_\_\_\_

**Names & Addresses of those requiring that they be named as additional insureds and relationship (Landowner)**

Name \_\_\_\_\_ Address \_\_\_\_\_ relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ relation \_\_\_\_\_

Additional Sponsor Insureds: TD Banknorth, LL Bean, Trapp Family Lodge.

**Original copy of certificate will be mailed to the Certificate Holder and one copy will be mailed to the NENSA. Indicate if additional copies are to be sent, to whom and address.**

Name \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

The above organization, in requesting Insurance Certification, commits to fulfillment of safety responsibilities including:  
a) maintaining safe facilities, and b) establishing safety/first aid response

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NENSA, in endorsing this request, sanctions the above activities:

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to: NENSA, 49 Pineland Dr, Suite 301A, New Gloucester, ME 04260, Fax# 207-688-6505