



Southern California Outrigger Racing Association

Certificate of Insurance Request Form

Purpose:	<i>When requesting a Certificate of Insurance for your practice/training site</i>
Member Club:	
Additional Insured:	
Re:	Training Site or Sanctioned Races of canoe club
Address of Additional Insured:	

Purpose:	<i>When requesting a Certificate of Insurance for a specific race</i>
	Please fill out each line and refer to the race's website for the correct information
Member Club:	
Additional Insured:	
Event:	
Event Date:	
Event Location:	
Address of Additional Insured:	

	<i>When required to provide an Endorsement to SCORA's MGL policy to a State, City or County entity, please refer your request to Malia</i>
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Contact Information:

SCORA's VP of Insurance & Risk Mgmt
 Malia Hohl maliahohl@gmail.com