

## ***INSURANCE CERTIFICATE ORDERING INSTRUCTIONS***

*\*April 2017 Revision\**

In order to facilitate prompt response when ordering insurance certificates, please follow the steps outlined below. Please allow **30 (thirty)** days for completion of your request. **Always include your legal name, mailing address, email address, and daytime phone number. Your Membership Number & expiration date are also required.**

**HOW TO: USE A SEPARATE SHEET OF PAPER FOR REQUIRED INFORMATION. PLEASE FOLLOW THE ORDERING INSTRUCTIONS CAREFULLY, ONLY USING THE FORMAT LISTED BELOW, OR YOUR PAPERWORK WILL BE RETURNED AND YOU WILL BE RESPONSIBLE FOR ANY LATE FEES.**

- **A duplicate copy of the Certificate and payment receipt (for credit cards only) will be mailed to Event Coordinator & Credit Card Holder.**
- **PLEASE DO NOT Mail as Certified Mail – this will prolong delivery process & could result in the \$175.00 Late Fee.**

### ***ORDERING INSTRUCTIONS***

1. **Name of Event**
2. **Insurance Type:** (General Liability, Equestrian, Host Liquor, Golf Carts & Endorsement)
3. **Fax Number** – (Of Certificate Holder Only)
4. **Routing Name for Fax** – (Site Owner's Contact Person)
5. **Certificate Holder's Name & Address** – (This is not your local group – it is the Church, Park's Dept., etc. who is requesting that they be furnished a certificate).
6. **Additional Insured** – The exact wording that the Certificate Holder wishes to appear on the certificate. They will provide you with the wording in the contract.
7. **Name & Physical address of the site -**
8. **Beginning & ending DATES & TIMES of the event.** For multiple dates, please list each date.
9. Event Coordinator: **Membership Number, Expiration Date, Legal Name, Mailing Address, Email Address, Daytime Phone Number.**

***EVENT COORDINATOR:***

**The Event Coordinator must have a current membership through the listed Event or Practice Dates. The Certificate cannot be ordered without the term of membership being verified.**

***ORDERING FEES:***

***General Liability Policy & International Policy:***

If there is to be named “additional insured,” the fee is \$50.00. If “additional insured” is not requested, the certificate is free. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST, AND CHECKS MADE OUT TO SCA, INC. (U.S. FUNDS ONLY).***

***Equestrian Policy:***

Each time the Equestrian Policy is activated the fee is \$50.00. If you need “additional insured,” it is another \$50.00. For activation of both the Equestrian Policy and “additional insured” the total would be \$100.00. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST.***

***Golf Cart Policy:***

When a group rents Golf Carts, the insurance must be activated. The fee is \$50.00 for this activation.

***Host Liquor:*** Your contract with the Site Owner will specify if this is required. The fee for activation is \$50.00

***Endorsement:*** Your contract with the Site Owner will specify if this is required. No additional charges for the Endorsement, as it is tied in to the “Additionally Insured.”

***Late Fee:***

If the ***30 (thirty)*** day ordering period is not adhered to, there will be a ***\$175.00*** late ordering fee charged. Occasionally, the site will delay requesting a certificate and the fee may be waived by providing the Corporate Office with a letter from the site owner (on letterhead) detailing the cause of the delay. However, the late fee will need to be paid with the certificate fee, and will be refunded after the Site Owner’s letter has been reviewed.

***CREDIT CARD PAYMENT: VISA OR MASTERCARD ONLY***

***Include:***

***Credit Card Number***

***Expiration Date***

***CVC Number***

***Name on Credit Card & Credit Card Billing Address***

***Email Address of Cardholder***

*Payment must be received with your order. Please send the order and payment to:*

*Email: [insurance@sca.org](mailto:insurance@sca.org)*

*Mail: SCA, Inc., P.O. Box 360789, Milpitas, CA 95036-0789*

*Or*

*Fax: (408) 263-0641*

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*Please feel free to contact the Corporate Office, is you need any assistance.*