



Love on a Leash, Inc
PO Box 4548, Oceanside, CA 92052-4548 | (760) 740-2326
www.loveonaleash.org

Instructions for adding an Additional Insured to LOAL insurance

It is a fairly common practice for facilities to request that they be added as an additional insured on LOAL's liability insurance prior to our visits. When this occurs, please print the Additional Insured Request Form (on the following page), ask the facility to fill out the bottom half, and scan & email it back to our Treasurer at treasurer@loveonaleash.org. The name and address of the facility must be written exactly as they are to appear on the certificate and the facility must pay the \$50 fee required to obtain this certificate from our provide. The facility should mail their check to: Janet Herron, LOAL Treasurer PO Box 4548 Oceanside, CA 92052. If the facility requires an invoice, please email treasurer@loveonaleash.org to request one.

A facility has asked me to sign a contract or waiver naming us as performers, service providers, entertainers, or presenters. (incl. requests for fingerprinting, background checks, indemnity clauses, etc)

Under no circumstances may any LOAL member or chapter leader sign any contract or waiver naming LOAL members as performers, entertainers, or presenters. (incl. requests for fingerprinting, background checks, indemnity clauses, etc). Many facilities request these types of documents from vendors and other service providers as standard practice. Often, once the facility manager reviews our guidelines and insurance certificate, the requirement is dropped. If they insist, then we simply inform them that we cannot visit. **Please use this standard reply to the facility:** "Love on a Leash members are not vendors, entertainers, performers, or service providers. Therefore, Love on a Leash does NOT sign these types of vendor/provider agreements or indemnity statements. Our members are strictly volunteers and are happy to visit when invited. We are happy to provide a copy of our guidelines, as well as our insurance certificate and W-9. Additionally, Love on a Leash is a national organization that carries its own liability insurance; if you are required to have your facility named as an Additional Insured for a visit, you may obtain an "Additional Insured" certificate for \$50. Simply fill out the bottom half of the attached form and email it to our Treasurer at treasurer@loveonaleash.org. Please ensure the name and address of the facility are written exactly as they must appear on the certificate. Checks should be mailed to: Love on a Leash, ATTN: Treasurer, PO Box 4548, Oceanside, CA 92052. This is our standard national policy and we hope you find these terms acceptable. Please contact me if you have any further questions."

Please don't hesitate to reach out if you have additional questions, and thank you for all you do to share furry comfort, happiness, and healing through Love on a Leash.

Request for Certificate of Insurance

(Please complete for Land/Facility Owners or Lessor/Sponsor Requiring the Certificates for Club Events)

Name of Club: Love on A Leash, Inc.

Complete Club's Mailing Address:

P.O. Box 4548 Oceanside, CA 92052

Contact Name: Janet Herron

Phone Number: 301-651-9268

Fax Number: _____

Need no Later Than: _____

E-mail address: treasurer@loveonaleash.org

Certificate Holder Information

Land/Facility Owners Name Or Lessors/Sponsors (Please included any specific wording required):

Address Where the Event is to be Held:

Street: _____

City, State: _____

Dates & Times of Event: _____

Land/Facility Owner of Lessor/Sponsor Mailing Address

Attn: _____

Street: _____

City, State, Zip: _____

Fax Number: _____

E-Mail address: _____

If you would like the form faxed, emailed or mailed to someone other than the club contact, please note here: _____

Please Check one of the Following:

Proof of Coverage Only

Additional Insured

Please refer to your contract in choosing the appropriate type of certificate

You may mail, fax or e-mail requests to:

SPORTSMEN'S INSURANCE AGENCY PLAN

PO BOX 799

CAPE VINCENT, NY 13618

315-654-2068

315-654-3097 - FAX

COI@sportsmensinsurance.com