



**CERTIFICATE OF INSURANCE REQUEST
2019-2020 QUALIFIER/BID TOURNAMENT SEASON**

QUALIFIER/BID TOURNAMENT: _____ DATES OF EVENT: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: () _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Please SUBMIT two copies of this form. One copy to the USAV Events Department and one accompanied with a copy of the contract(s) to Integro for review. Once the contract(s) have been approved the certificate(s) will be processed.

CERTIFICATE HOLDER:

** Note: This is exactly how the certificate holder's name will be shown on the certificate. Please attach a sample certificate with approved limits and verbiage if available.*

1) NAME: _____

ADDRESS: _____ ADDITIONAL INSURED? YES

 NO

Reason for certificate: Building Owner Tournament Other*
*Describe _____

Please Attach any Special Instructions:

ADDITIONAL CERTIFICATE HOLDER:

2) NAME: _____

ADDRESS: _____ ADDITIONAL INSURED? YES

 NO

Reason for certificate: Building Owner Tournament Other*
*Describe _____

Please Attach any Special Instructions:

If Additional sites are to be used please duplicate this page.

Email Form to USAV Events Department:
events@usav.org

Email Form and Contracts to: Ian Campbell
ian.campbell@integrogrou.com