V. CERTIFICATES OF INSURANCE

This presentation is designed to give you an overview of the insurance coverage for your organization. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies in place. **Please refer to the specific insurance contracts for details on coverage, conditions and exclusions.**
USA VOLLEYBALL CERTIFICATE REQUEST PROCESS

Request from Club

1) Clubs will complete a certificate request form available from their Regional Volleyball Association. The form is also available on the USA Volleyball website as a downloadable PDF file at https://www.teamusa.org/usa-volleyball/membership/forms-and-information
2) Clubs will remit the request to the Region.
3) The Region will then go to the EPIC Entertainment & Sports online certificate request website (https://sports.epicbrokers.com/).
4) Each Region will be able to sign-on with a Login name and password provided by EPIC. From there, certificate information can be entered, and the certificate will be generated within seconds. If a certificate requires special wording or special forms, etc., a request form can be submitted to EPIC by email, fax or mail.
5) If special wording certificates are requested through EPIC, EPIC will issue the certificate as appropriate and will then e-mail the certificate back to the Region for distribution to the club.

Request from Region

1) Regions requesting a certificate for their own purpose can go to the EPIC online certificate request website (https://sports.epicbrokers.com/). Each Region will be able to sign-on with a Login name and password provided by EPIC. From there, certificate information can be entered, and the certificate will be generated within seconds. The online website also allows for the Region to print copies of any cert issued to any club/certificate holder in the Region, or any cert issued to the Region itself. If a certificate requires special wording, or special forms, etc., a request form can be submitted to EPIC by email, fax or mail.
2) If certificates are requested through EPIC, then EPIC will issue the certificate and will e-mail the certificate to the Region.

Request from National Office

1) The National Office may request a certificate by also going to the EPIC online certificate request website (https://sports.epicbrokers.com/). The National Office will also be able to sign-on with a Login name and password provided by EPIC. From there, certificate information can be entered, and the certificate will be generated within seconds. The online website also allows for the National Office to print copies of any cert issued to any club/certificate holder in any Region, or any cert issued to the National Office itself. If a certificate requires special wording, or special forms, etc., a request form can be submitted to EPIC by email, fax or mail.
2) If certificates are requested through EPIC, then EPIC will issue the certificate and will e-mail the certificate to the National Office.

For certificate of insurance related questions, please contact Anna Sokolove at EPIC (Tel. 678-324-3327 or by email at Anna.Sokolove@EPICBrokers.com).

For insurance coverage related questions, please contact Jennifer Rains at EPIC (Tel. 678-904-5305 or by email at Jennifer.Rains@EPICBrokers.com).

**American Specialty will continue to house the certificates issued prior to 9/1/2010 on their website. If you are searching for old certificates (prior to 9/1/2010), please contact American Specialty for further assistance.**
CERTIFICATE OF INSURANCE REQUEST

ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION: __________________________________________ NEED BY DATE: ________________

CLUB NAME: _______________________________________________________________________

ADDRESS: ______________________________________ CONTACT NAME: ___________________

__________________________________________________________________________________ PHONE #: (___) __________________

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE? _____YES _____NO
IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

E-MAIL:_________________________________________ FAX: ______________________________

AUTHORIZED RVA SIGNATURE:_____________________________ DATE:______________

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of the facilities to be utilized (with full business name and address) for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO _______ CLUB

_______ CERTIFICATE HOLDER

CERTIFICATE HOLDER

1) NAME: _______________________________________ ATTENTION:________________________

ADDRESS: _________________________________ ADDITIONAL INSURED _____ YES

_______________________________________________ _________ NO

E-MAIL:_________________________________________ FAX: ______________________________

LIMITS OF COVERAGE REQUESTED: _____ GENERAL LIABILITY ($1,000,000)

_____ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN
$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: _____ Building Owner _____ Sponsor _____ Tournament

_____ Other – Describe:  ____________________________________________________________

Special Instructions:  ______________________________________________________________
CERTIFICATE OF INSURANCE REQUEST – PAGE 2

CERTIFICATE HOLDER

2) NAME: _______________________________________ ATTENTION: __________________________
   ADDRESS: ___________________________________ ADDITIONAL INSURED _______ YES
   ___________________________ ___________________ _______ NO
   E-MAIL: ___________________________ FAX: ___________________________

LIMITS OF COVERAGE REQUESTED: _____ GENERAL LIABILITY ($1,000,000)
   _____ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN
$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: _____ Building Owner _____ Sponsor _____ Tournament
   _____ Other – Describe: __________________________________________________________

Special Instructions: ______________________________________________________________

CERTIFICATE HOLDER

3) NAME: _______________________________________ ATTENTION: __________________________
   ADDRESS: ___________________________________ ADDITIONAL INSURED _______ YES
   ___________________________ ___________________ _______ NO
   E-MAIL: ___________________________ FAX: ___________________________

LIMITS OF COVERAGE REQUESTED: _____ GENERAL LIABILITY ($1,000,000)
   _____ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN
$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: _____ Building Owner _____ Sponsor _____ Tournament
   _____ Other – Describe: __________________________________________________________

Special Instructions: ______________________________________________________________