

CERTIFICATE OF INSURANCE REQUEST

USAV REGION NAME: _____ NEED BY DATE: _____

CLUB NAME: _____

ADDRESS: _____ CONTACT NAME: _____

_____ PHONE #: (____) _____

PREFERRED METHOD OF CERTIFICATE DELIVERY:

E-MAIL: _____ FAX: _____

AUTHORIZED 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.***

_____ CERTIFICATE HOLDER

CERTIFICATE HOLDER

1) NAME: _____ ATTENTION: _____

ADDRESS: _____ ADDITIONAL INSURED _____ YES

ENDORSEMENT NEEDED _____ 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: _____