



2021 - 2022 USA HOCKEY, Inc.

Request for Certificate of Insurance

Please allow at least 30 days for processing Requests for Certificates of Insurance

Name of Team / Club: _____

Address of Team/Club: _____

USA Hockey Assoc. Code: _____

Contact Person and Phone Number:

Name (_____) Phone Number - _____ E-Mail

EVENT (must be USA Hockey sanctioned events): _____
If unsure of sanctioning please call your District Risk Manager; contact info available at www.usahockey.com.

EVENT Location(s): _____

EVENT Date(s): From: _____ To: _____

List any "additional insureds" (those entities that you are contractually obligated to name as an additional insured and PLEASE ATTACH a copy of that contract[s]):

<u>Name of Additional Insured</u>	<u>Relationship to Team / Club</u>
_____	_____
_____	_____
_____	_____

Mailing Address of Certificate Holder: _____

Signature of District Risk Manager: _____

* No other individual can sign on behalf of the District Risk Manager. Forward this document to your District Risk Manager.