



# UNITED STATES ADULT SOCCER ASSOCIATION

Member of the United States Soccer Federation  
7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708)496-6870

## 2018-2019 League D&O Insurance Form

Email or FAX Completed Form to: [nschmitt@usasa.com](mailto:nschmitt@usasa.com) || 708-496-6879

<b>Member Association Name</b>	<b>State Verification Officer's Name</b>
<b>Date</b>	<b>State Verification Officer's Signature</b>

**League Classification - Please circle one - (Men's)**

<b>LEAGUE NAME</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone
Web Site			# of Players

<b>PRESIDENT</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>VICE PRESIDENT</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>SECRETARY</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>TREASURER</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

**THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.**

**NAME**

Mailing Address

City

E-mail

State

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