

**USASA**  
**CERTIFICATE OF INSURANCE REQUEST**

All information must be filled in completely before a certificate can be issued  
All forms will be emailed to the league contact in a pdf file unless otherwise specified



**STATE ASSOCIATION:** Florida State Soccer Association

\_\_\_\_\_

\_\_\_\_\_

**LEAGUE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE/FAX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FACILITY OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE/FAX:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**FACILITY'S NAME:** \_\_\_\_\_

**ADDITIONAL INSURED:** \_\_\_\_\_

\_\_\_\_\_

Mail to: FSSA  
2108 S. Cortez Avenue  
Tampa, FL 33629

Fax to:  
863-582-9714

e-mail to:  
jen@floridastatesoccer.com