

CERTIFICATE OF INSURANCE REQUEST 2011-2012 SEASON



ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION:	NEED BY DATE:		
CLUB NAME:			
ADDRESS:	CONTACT NAME:		
	Ph	HONE #:	
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:			
FAX #:	E-MAIL: _		
	RVA SIGNATURE:		
Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of facilitie(s) (name and address) to be used for practices or tournaments by the Club.			
SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB			
		CERTIFICATEHOLD	DER
<u>CERTIFICATE</u>	HOLDER:		
1) NAME:	ATT	ENTION OF:	
	A		_
			☐ NO
PHONE:			
FAX #:			
LIMITS OF CO	VERAGE REQUESTED:	☐ GENERAL LIABILIT	Y (\$1,000,000)
]	☐ EXCESS LIABILITY	
•	K BOX FOR EXCESS LIABILITY IF CER 2000 OF COVERAGE)	TIFICATEHOLDER RE	QUIRES MORE
Reason for cert	tificate:	Sponsor	Tournament
Other - De	escribe		
Special Instructions			

USE OTHER SIDE IF ADDITIONAL CERTIFICATES ARE REQUIRED.

ADDITIONAL CERTIFICATE HOLDERS (page 2): 2) NAME: _____ATTENTION OF: ____ ADDRESS: _____ ADDITIONAL INSURED: ☐ YES NO PHONE: ☐ FAX #: _____ ☐ E-MAIL: ____ LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) ☐ EXCESS LIABILITY (ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATEHOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE) Other - Describe Special Instructions 3) NAME: ______ ATTENTION OF: _____ ADDRESS: _____ ADDITIONAL INSURED: ☐ YES NO PHONE: ☐ FAX #: ☐ E-MAIL: LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) ☐ EXCESS LIABILITY (ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATEHOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE) Other - Describe Special Instructions