



USA Hockey – Certificate of Insurance Request



Instructions (please read):

- Please allow 30 days for the processing of this request.
- This request must be submitted by an USA Hockey association, team or club.
- Only the District Risk Manager can review and submit these requests to the insurers. Submitting directly to insurers will delay processing.
- Please ensure that the information provided is correct and legible, especially e-mail addresses.
- Typed responses are more legible than handwritten.
- This form is required only if you need to have an entity named as a certificate holder or an additional insured. If all you need is proof of insurance, you do not need to complete this form, instead request a proof of insurance from the District Risk Manager.
- **Coverage Applies to Only USA Hockey Approved/Sanctioned Events; any Event not Approved/Sanctioned by USA Hockey Voids Coverage.**

Member Association Information:

Name of Team / Club:	
Association Code:	
Club Contact Name:	
Contact Phone:	
Contact Email:	
USA Hockey District:	

Event Information:

All events must be a USA Hockey approved/sanctioned event. If you are unsure of whether event is approved/sanctioned, please contact District Risk Manager.

Event:	
Location:	
Dates:	
Additional Information:	
Is the event a tournament?	☐ Yes ☐ No — Please Note: USA Hockey provides coverage only for approved/sanctioned tournaments in the US & Canada. Please provide proof that the tournament is approved/sanctioned by either USA Hockey or Hockey Canada to your District Risk Manager or your District Tournament Sanction Number.

Request Type:

☐ Additional Insured Status (Requested)

☐ Waiver of Subrogation Status (Requested)

If you are requesting one of the entities listed to be an additional insured, do you have a contract with the party?

☐ Yes – If yes, you must enclose a copy of the contract with this request to your District Risk Manager

☐ No – we do not have a contract with the requesting party

Additional Insureds/Certificates Holders:

Please list each additional insured or certificate holder by their legal name(s) – add additional forms if needed.

ADDITIONAL INSURED? Check here	CERTIFICATE HOLDER? Check here	FULL NAME	FULL ADDRESS

Risk Manager Name:

Phone:

District:

E-Mail:

Submit this request with any supporting documentation to your District Risk Manager.

GUIDE TO COMPLETING CERTIFICATE OF INSURANCE REQUEST FORM

A Certificate of Insurance (COI) is a form provided by the insurance company that shows evidence of the type of coverage USA Hockey has under its liability policy. The effective date of the policy coverage starts, each year, on September 1 at 12:00 a.m. and expires on September 1 at 12:00 a.m. of the following year.

NO CERTIFICATES CAN BE BACKDATED.

FILLING OUT THE REQUEST FORM

1. **Name of Team or Club:** This is the registered name of the team, club, or association.
2. **Association Code:** This is a code assigned to each member team, club, or association by USA Hockey. Association Code is found on the team approved roster (upper left).
3. **Club Contact Name and Email:** This can be either the person filling out the request or someone from the member association, team, or club that can be contacted for more information if needed. Include a phone number and an email address. **A copy of the COI will be sent to this email address.**
4. **Event:** Include the type of event the COI is being requested for. This could be sanctioned/approved games and practices at a home rink, a tournament the association is running, special functions or use of a venue.
6. **Event Location:** The name and address of the rink, building or venue at which the event is taking place.
7. **Event Date:** This would be the beginning and end date of the event.
8. **Is the event a tournament?:** Yes or No.
9. **Name of Additional Insured and/or Certificate Holder:** The name and address of the rink, business, and municipality **that is requesting to be named as additional insured** on the COI. Most ice rental agreements list this information under the section labeled 'Insurance.' **YOU MUST SEND COPY OF THE CONTRACT WITH THE COMPLETED FORM.**

Mail, fax, or email the completed form to the District Risk Manager listed on the bottom of the form. If you have any concerns or questions call your District Risk Manager.

If an agreement/contract with the party requesting the COI exists, include a copy of the agreement/contract.