

**2020 – 2021 USA HOCKEY
REQUEST FOR CERTIFICATE OF INSURANCE
NEW ENGLAND DISTRICT**

*Allow 30 days for processing Request for Certificate of Insurance
Request must be submitted by authorized team or club member only*

Name of Team / Club:
(Registered with USA Hockey)

Address of Team or Club:
(Must be a registered member
of USA Hockey for GL coverage)

**USA Hockey Association Code: (assigned
by District Registrar or Associate Registrar
for Youth Hockey Teams)**

Contact Person:
*Person from Team or Club
requesting certificate*

Contact's EMAIL Address

Contact Phone Number

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Include Area Code

**Event: (Must be a USA Hockey
Sanctioned event)**

Event Location(s):

*Name of Rink or Building being
used for this event*

Event Date

From:

To:

Dates must be within current GL Policy year from September 1, 2020 to September 1, 2021

List any "additional insured's" *(Those entities that you are contractually obligated to be name as an additional insured)*

PLEASE NOTE

Name of Additional Insured

**Copy of Rink Contract
Required
for Rink to be Named as
Additional Insured**

If requesting this COI for a tournament your association is hosting provide a copy of approved sanction of event by the Registrar

Mailing Address of

Additional Insured

*(Not address of association, club
or team)*

**EMAIL ADDRESS TO
SEND THE COI TO**

Mail, or Email This Form To
The
New England District
Risk Manager

Charlie Fortier
2 Pheasant Run Road
Londonderry, NH 03053-2811
NEW ENGLAND DISTRICT
*Connecticut, Maine, New Hampshire,
Rhode Island, Vermont*

**Phone: (603) 434-2633 (Home)
(603) 289-2633 (Cell)**

Email:
ned.usah.riskmanager@gmail.com

GUIDE TO COMPLETING A 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 provides under its Commercial General Liability policy. The COI also shows the policy number, the name of the insurance company, types of coverage and limits, and effective dates of the policy. In some cases, the rink or venue requesting the COI will ask to be named on the COI as an additional insured. It is important that the wording used to identify the additional insured is worded exactly as being requested. The insured named on the policy is "USA Hockey, Inc. & Its Member Leagues and Teams" which covers all properly registered hockey teams, clubs, associations, affiliates, and districts. All USA Hockey entities are covered under this policy and changes cannot be made to the policy for each team's needs. If monetary limits greater than USA Hockey's policy are required by a rink, then associations may need to purchase additional excess liability on their own. The effective date of the policy coverage starts, each year, on September 1st 12:00AM and expires on September 1st 12:00AM of the following year. The effective date of the COI starts on the date the certificate is issued and ends on the date requested. This may be either the date the contract or event ends or September 1st if this is an ongoing activity. This could also be for a one day event such as an end of year ceremony or banquet.

FILLING OUT THE REQUEST FORM

1. **Name of Team or Club.** This is the registered name of the team, club, or association. It is best to use the association name and then the team name if needed. This name should agree with the name listed on an ice rental agreement/contract.
2. **Address of Team or Club.** This is the official mailing address used by the team, club, association, affiliate, or district.
3. **Association Code.** This is a code assigned to each member association by USA Hockey Registrar. The code can be obtained from your association registrar or from the state Associate or District Registrar. If the registrar does not know the association code then the association's registration may not have been completed. An Affiliate, District or Junior team will not have an association code assigned by the registrar. **An association code or other code is required to obtain a COI.**
4. **Contact Person.** Include email address and phone number 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. A copy of the COI will be sent to your email address and any other email address included in the request email or on the request form.
5. **Event.** Include the type of event the COI is being requested for. This could be sanctioned games & practices at a home rink, a tournament the association is hosting, special functions or use of a venue. The event must be USA Hockey sanctioned events to be covered by the liability policy. To verify if an event is a sanctioned event, contact your state or district registrar if the event is an on-ice-event. For all other events, contact your District Risk Manager.
6. **Event Location.** The name of the rink, building, or venue in which the event is taking place and address is optional.
7. **Event Date.** This would be the event starting and ending dates. The dates could be the full hockey season September 1st to September 1st of the following year in the case of ice time at a home rink. This can be the effective dates of the event and not necessarily the effective dates of the insurance policy. The effective starting date of the COI cannot be back dated to a date prior to the date request. For example, if a COI is requested for a rink on December 1st and the request form indicates September 1st to September 1st of the following year the effective date of the COI would be December 1st to September 1st. The policy effective dates are in section A of the COI and the effective dates of the Certificate are found under the Club Name in the DESCRIPTION OF OPERATIONS section.
8. **Name of Additional Insured.** The name of the rink, business, and municipality requesting to be named as additional insured on the COI. Most ice rental agreements list this information under the section labeled **Insurance**. **A copy of the ice rental agreement contract must be sent to the risk manager along with the request for any Additional Insured to be added to the COI.**
9. **Mailing Address of the Additional Insured.** This is the mailing address of the party that is requesting to be named Additional Insured. This information is used to notify the Additional Insured of any change in the policy. This information is not needed if the COI request is for proof of coverage only.
10. **EMAIL Address to send the COI to** which can be the additional insured / Certificate Holder or Contact Person or both.

Mail, or email the completed form to the District Risk Manager listed on the form.

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

If you have any further questions about obtaining a Certificate of Insurance, please Contact your District Risk Manager