# Insurance Certificate Request Form

**(MEMBERS)**

*Complete a Certificate of Insurance for your club, or the facility you are utilizing. Go to Contact Us at usclubsoccer.org to find your state’s Admin Staff Region Representative.* When completed, email to the address which corresponds to the Admin for your region. *Date needed:*       (***allow 3 days for processing****.)*

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| Region A: [AdminRegionA@usclubsoccer.org](mailto:AdminRegionA@usclubsoccer.org) | Region C: [AdminRegionC@usclubsoccer.org](mailto:AdminRegionC@usclubsoccer.org) |
| Region B: [AdminRegionB@usclubsoccer.org](mailto:AdminRegionB@usclubsoccer.org) | Region D: [AdminRegionD@usclubsoccer.org](mailto:AdminRegionD@usclubsoccer.org) |
| Region E: [AdminRegionE@usclubsoccer.org](mailto:AdminRegionE@usclubsoccer.org) | |

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| Club requesting certificate: |  | |
| *Club ID #:* |  | Located at the end of GotSport account URL: https://system.gotsport.com/org/7785 |
| *Club Address:* |  | |
| *City / State / Zip:* |  | |
| *Contact Person / Phone:* |  | |
| *Email Address:* |  | |
| *Tournament Name & Date: (if for this purpose*) |  | |

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| **Certificate Type Required:**  *Certificates do not automatically renew, please note expiration date* |  | Youth Program Certificate  Expires 07/31 |  | Adult Program Certificate  Expires 12/31 |

Which of the following types of certificates are you requesting? (Place X in the appropriate box)

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**Named Insured** - members of US Club Soccer (carded players and staff). This certificate lists the club as a named insured in its description of operations and as Certificate Holder.

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**Additional Insured** - not members of US Club Soccer. These are typically field/facility owners and are listed along with the club on the certificate. *If this is for other than field/facility owners, please specify* ***why*** *you are requesting.*

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| **Facility Details Required:** |  | Outdoor Facility  Games  Practices / Training / Meetings |  | Indoor Facility  Games  Practices / Training / Meetings |

***If you are requesting a certificate for Additional Insured, please provide the following information.***

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| Field Owner Legal Name / Phone: |  |
| Field Owner Address: |  |
| Field Owner City / State / Zip: |  |

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**Endorsement Needed –***please specify what you are requesting.*

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