# 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 | Region C: AdminRegionC@usclubsoccer.org |
| Region B: AdminRegionB@usclubsoccer.org | Region D: AdminRegionD@usclubsoccer.org |
| Region E: 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 CertificateExpires 07/31 | [ ]  | Adult Program CertificateExpires 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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