

CERTIFICATE OF INSURANCE REQUEST 2017-2018 SEASON



ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION:	NEED BY DATE:				
CLUB NAME:					
ADDRESS:	CONTACT NAME:				
	PHONE #:				
(IF YES, CLUB	UB REQUIRE A CEF WILL RECEIVE A C METHOD OF CERTI	ERTIFICATE AS	S PROOF OF INSU	YES (JRANCE)	□ NO
FAX #:		E-MAIL	.:		
AUTHORIZED	RVA SIGNATURE:	N/A		DATE:	
	o this form a list of so of facilitie(s) (name				
SEND ADDITIO	NAL INSURED CEF	RTIFICATES TO	: CLUB		
			☐ CERTIFICA	TEHOLDER	
CERTIFICATE	HOLDER:				
1) NAME:		<i>H</i>	ATTENTION OF: _		
					☐ YES
			<u> </u>		☐ NO
PHONE:		<u> </u>			
FAX #:		E-MAIL	·-		
LIMITS OF CO	VERAGE REQUEST	ED:	☐ GENERAL L	_IABILITY (\$1	(000,000)
			☐ EXCESS LIA	ABILITY	
•	BOX FOR EXCESS 000 OF COVERAGE,		ERTIFICATEHOLI	DER REQUIF	RES MORE
Reason for cert	ificate: 🗌 Buildi	ng Owner [Sponsor	☐ Tour	nament
Other - De	escribe				
Special Instruct	ions				

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

Tournament Name Tournament Date Venue