



**CERTIFICATE OF INSURANCE REQUEST
2009-2010 SEASON**

USA Volleyball.

ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION: _____ NEED BY DATE: _____

CLUB NAME: _____

ADDRESS: _____ CONTACT NAME: _____

PHONE #: _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE?: _____ YES _____ NO

(IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

FAX #: _____ E-MAIL: _____

 AUTHORIZED RVA SIGNATURE: _____ DATE: _____

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of facilitie(s) (name and address) to be used for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB

CERTIFICATEHOLDER

CERTIFICATE HOLDER:

1) 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)

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament

_____ Other - Describe _____

Special Instructions _____

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)

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament

_____ 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)

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament

_____ Other - Describe _____

Special Instructions _____
