

## CERTIFICATE OF INSURANCE REQUEST

### ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION: Carolina 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:

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

AUTHORIZED RVA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CR Staff ONLY**

CR Executive Director

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of the facilities to be utilized (with full business name and address) for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO  CLUB  
\_\_\_\_\_ CERTIFICATE HOLDER

#### CERTIFICATE HOLDER

1) NAME: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED  YES

\_\_\_\_\_  NO

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE:  Building Owner  Sponsor  Tournament

Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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**CERTIFICATE HOLDER**

2) NAME: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_\_ YES  
\_\_\_\_\_ NO

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: \_\_\_ Building Owner \_\_\_ Sponsor \_\_\_ Tournament

\_\_\_ Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**CERTIFICATE HOLDER**

3) NAME: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_\_ YES  
\_\_\_\_\_ NO

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: \_\_\_ Building Owner \_\_\_ Sponsor \_\_\_ Tournament

\_\_\_ Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_