

CERTIFICATE OF INSURANCE REQUEST

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

(Check NO if club already has one this season)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

E-MAIL: _____ FAX: _____

AUTHORIZED RVA SIGNATURE: _____ DATE: _____

Carolina Region Office Staff Only - Club DOES NOT SIGN

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.

ADDITIONAL INSURED CERTIFICATES WILL BE SENT TO CLUB ONLY - Club may forward as needed

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: _____

CERTIFICATE OF INSURANCE REQUEST – PAGE 2

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: _____