

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)

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 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 OF: _____

ADDRESS: _____ ADDITIONAL INSURED ____ YES

_____ NO

____ FAX: _____ ____ E-MAIL: _____

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 OF: _____

ADDRESS: _____ ADDITIONAL INSURED _____ YES

_____ NO

___ FAX: _____ E-MAIL: _____

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 OF: _____

ADDRESS: _____ ADDITIONAL INSURED _____ YES

_____ NO

___ FAX: _____ E-MAIL: _____

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: _____