



CERTIFICATE OF INSURANCE REQUEST
2011-2012 SEASON



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 _____
