



CERTIFICATE OF INSURANCE REQUEST 2011-2012 SEASON



ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION: **IREVA** NEED BY DATE: When you need the insurance certificate by.

CLUB NAME: Your Club Name/Team Name

ADDRESS: Your Club's Mailing Address CONTACT NAME: Name of person requesting the insurance certificate

Does your club require a copy of this certificate of insurance? YES NO PHONE #: Requestor's 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 #: Fax # to send certificate. E-MAIL: Email to send certificate to. Email is preferred method.

AUTHORIZED RVA SIGNATURE: Insurance Coordinator Signature. Do not sign here. DATE: Date for the Insurance Coordinator to complete.

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 Check box if you would like a copy of the certificate. Check box if the Insurance Coordinator should send the certificate directly to the Certificate Holder.

CERTIFICATE HOLDER:

1) NAME: Name of Town, Facility, School, etc. requesting evidence of insurance coverage. ATTENTION OF: Name of your contact at the site.

ADDRESS: Address of the Town, Facility, School, etc. ADDITIONAL INSURED: YES NO Check "YES" if the Certificate Holder is requesting to be added as "additional insured". Most facilities do not require this. You will have to ask your contact at the site if it is required. If this is not required, check "NO".

PHONE: Phone # for the person listed above "ATTENTION OF". FAX #: Fax # for the person listed above "ATTENTION OF". E-MAIL: Email for the person listed above "ATTENTION OF".

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY Most certificate holderes require General Liability. You will have to ask your contact at the site what is required. Check "Tournament" if insurance is required for a Tournament. If your site requires Excess Liability you will need to list the details in the Special Instructions below.

(ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATEHOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE) Check "Building Owner" for practices and tryouts.

Reason for certificate: Building Owner Sponsor Tournament Other - Describe Check if insurance is need for a reason not stated above, please include details.

Special Instructions List any special instructions here, including Excess Liability amounts.

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 CERTIFICATE HOLDER 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 CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

Reason for certificate: Building Owner Sponsor Tournament

Other - Describe _____

Special Instructions _____
