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:

E-MAIL:_____FAX: _____

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 Event Dates:_____

1) GYM
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 Event Dates: _____

2) GYM
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 Event Dates: _____

3) GYM
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: _____