

**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) 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: \_\_\_\_\_

