



Certificate of Liability Insurance (COI)  
Request Form

**All requests for certificates of liability insurance must be submitted by an association official.**

Date: \_\_\_\_\_

**Association Information**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Team/Club Information**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Certificate Holders Information**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Does Certificate Holder wish to be named as additional insured?  Yes  No

**Tournament, Practice, Tryout, Special Event, Camp, etc... Information**

**In order to process requests, all Camps & Special Events must submit a list of Volunteers, Instructors, & Coaches with the name of the association they register through, in order to verify receipt of their risk forms. Any information you provide regarding their risk form will help expedite the process.**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Dates: \_\_\_\_\_ time \_\_\_\_\_ through \_\_\_\_\_ time \_\_\_\_\_

**Additional information:**